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# THE DUAL ORIENTATION OF NARCISSISM

BY LOU ANDREAS-SALOMÉ

## TRANSLATOR'S INTRODUCTION

Lou Andreas-Salomé (1861-1936) is better known as a friend of great men—especially Nietzsche, Rilke, and Freud—than as a contributor to psychoanalysis. She was nevertheless a practicing psychoanalyst for the last third of her life and published a number of papers on psychoanalytic subjects. None of these works has been translated into English, and their German originals have been accorded rather little notice. This fate is not so strange, considering the enormous volume of the literature, and the fact that Lou Andreas-Salomé wrote in a style which even to Germans is turgid and cumbersome. Attention is again being called to her by the recent edition by Ernst Pfeiffer of the journal which she kept during her days in Vienna as a pupil of Freud, in 1912-1913, and which is only now appearing under the title *In der Schule bei Freud*. One discovers in the book not only the masterly touch of the writer in the glimpses it provides of Freud, Tausk, Jung, Adler, Rank, and others in the group then around or recently separated from Freud, but also the response of an intuitive and articulate artist to the freudian revolution.

In the journal, and later in a long essay published on the occasion of Freud's seventy-fifth birthday, *Mein Dank an Freud*, she made clear how psychoanalysis seemed to her to illuminate creative experience, her own and that of others. She saw, as Freud and all analysts since him have seen, the source of creativity in the unconscious streams hidden and yet also revealed by the ego, but only in a few individuals manifested in art. In the present paper she tried to show how in the unconscious the creative source persists and finds its manifestations not only in art but in the two other spheres of especial interest to her as a woman and a thinker, namely object-love and ethical behavior.

For Lou Andreas-Salomé, the unifying element in these varied

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Translated by Stanley A. Leavy, M.D.

*Narzissmus als Doppelrichtung* first appeared in *Imago*, VII, 1921, pp. 361-386.

expressions was to be found in primary narcissism, the first and reluctantly abandoned position of the libidinal investment. It does not take a very critical eye to discover from her writings that this concept was only brought to articulation for her by psychoanalysis, and that it most probably originated earlier in an æsthetic, romantic, mystical experience of the kind reported abundantly in nineteenth century German literature after Goethe. The fact that the concept has this idiosyncratic and cultural flavor does not detract from its potential validity, however.

Much that Lou Andreas-Salomé attributed to a certain 'direction' of narcissism we should today relate to regression to primitive ego functions. Diffuseness in the discrimination of ego and object in primitive stages of development may persist at least vestigially and provide the setting for just such states as our author assigned to the residues of the primal union of mother and child. While it may be that we simply prefer to look at the ego side of the same phenomenon, it is also true that the more closely we examine the supposed primal unity the more definitely do we make out quite specific primitive objects, which are subjected to very primitive treatment by the early ego.

Nevertheless the paper is valuable, I think, because it reminds us of some aspects of libido theory that even now may not have been fully exploited, principally because the psychology of the ego has needed this time to be developed to its present state. While we have in the study of psychotic and borderline states recognized the importance of the threat of the loss of objects, we have not considered in its various relationships the importance of the libidinal side of the unity of mother and child. It is true that for Lou Andreas-Salomé the concept explains too much, and her account of it also slights the essential ambivalence of this libidinal stage. Her debt to Ferenczi will also be obvious to the student of the subject; the imaginative and daring use of what she learned is her own.

My translation omits only a number of rather long footnotes which are of principally topical interest and do not add to the text. A few liberties taken to prune the florid style still, I believe, preserve the original meaning. Mrs. Eva Kessler has graciously undertaken a painstaking review of the translation, removing



many obscurities and providing many suggestions incorporated in the English version.

STANLEY A. LEAVY (NEW HAVEN, CONN.)

I

The increasing significance of Freud's concept of narcissism has only gradually become apparent,—which may account for the fact that the term has been so little discussed even by opponents and dissidents, as if earlier terms had covered the same concept. Originally that was indeed the case, as long as narcissism was synonymous with autoerotism. When Freud later adopted it to represent that libidinal phase in which, following the infant's autoerotic confusion of self and world, the first object choice fell upon the subject himself; he then touched on a more extensive problem. ' . . . The word "narcissism" is only intended to emphasize the fact that egoism is a libidinal phenomenon as well; or, to put it another way, narcissism may be described as the libidinal complement of egoism.'<sup>1</sup>

Accordingly, narcissism is not limited to a single phase of the libido, but is a part of our self-love which accompanies all phases. It is not merely a primitive point of departure of development but remains as a kind of fundamental continuity in all the subsequent object-cathexes of the libido,—which in fact, in Freud's metaphor, stretches forth pseudopods to objects, like the *amœba*, only to withdraw them when need arises. Freud's introduction of the concept of narcissism settled by definition that the psychic energies 'exist side by side in the state of narcissism and are indistinguishable by means of our coarse analysis; only with the cathexis of objects is it possible to distinguish the libido, a sexual energy, from the energy of the ego instinct'. That is, it is defined as a limiting concept, which analysis cannot cross over until it is forced to do so in the course of therapy, at the point at which the pathological disturbance first begins to be resolved and health to be restored. 'Sick' and 'healthy'

<sup>1</sup> Freud: *A Metapsychological Supplement to the Theory of Dreams*. Standard Edition, XIV, p. 223.

signify the false or true mutual relationships of the two inner tendencies, as they limit or further one another.

Since the two tendencies involve a single personality, they are all the less clearly demarcated with the growing consciousness of self. This tends further to obscure the fact that with the involvements of the libido something happens running in opposition to individuality: the personal identity is reversed into that prior condition in which it represented everything, just as everything collectively represented it. If self-preservative and self-assertive drives should be conceptually separated from libidinal drives, then libido must constitute the connecting link between the desire for individuality and the contrary movement toward conjugation and fusion. In this dual orientation of narcissism the relations of the libido would be expressed in our being rooted in our original state; we remain embedded in it, for all our development, as plants remain in the earth, despite their contrary growth toward the light. Even the physical processes of sex and procreation are bound to units which remain undifferentiated, and the erogenous zones are the residues of an infantile state from which the bodily organs have long since been separated in the service of self-preservation.

Here there is no question of a unilateral bias toward the ambiguity of narcissism,—that is, to make the libido responsible for the ego instinct (as if, for example, we considered the need for nourishment a form of conjugation with the outside world), or, per contra, to subordinate the libido to the aggressive strivings (as if it were a kind of avarice of the ego). It is not a question of theoretical admissibility of this kind. Rather it involves the experience of inner differences which is preserved through a dual nomenclature, instead of being forcibly unified out of existence. The task of freudian psychoanalysis is to pursue as far and as deeply as possible the hidden actualities of existence, and it is only for this purpose that we employ the everyday polarity of ego drives and sexual drives. It seems to me therefore to be dangerous not to emphasize the essential duality of the concept of narcissism, and to leave the problem unresolved by



allowing narcissism to stand only for self-love. I should like to bring to the fore its other less obvious aspect; the persistent feeling of identification with the totality, and to do this with regard to three issues, object-cathexes, value-judgments, and the narcissistic transformation to artistic creativity.

But first, having said enough of this 'dry theme', I should like to tell about a little boy who permitted me to observe with especial clarity how the formation of the ego is attended not only by the gratification of conscious self-love, but also by deprivation of the pleasure of passive absorption in the yet undifferentiated unity. Around the time of this simultaneous deprivation and recompense, the child changed from his earlier affectionate trust to tearful ill-humor, hit his beloved mother, not playfully, —and was alternately enraged and anxious. He would have been unable to express his suffering more explicitly but for the words of a little fellow-sufferer, more advanced in speech, who bitterly reproached his angry father: 'You're so naughty, and I'm so sad'. The ultimate cause became plain when the trouble disappeared as soon as the little fellow ceased to speak of himself in the third person, and the first 'I', like a painfully erupting tooth, burst forth. For a while the new word was used only in his everyday clashes with the environment, and during moments of the old harmony 'Boy' (*Bubele*) took the place of 'I'. He would explain, if he were punished by being put in the corner, 'I bad'; but later, when he would run joyfully to his mother, he would announce, 'Boy good now!'. Months later, 'Boy' retired permanently, and a face quite different from the confused and ill-humored one of old would peer through the doorway to announce his presence with dignity: 'Here I am'.

Now the profoundly racking illness—the primal hurt of all of us—had ended its long course, the uncomprehending self-abasement of becoming an individual, which being beyond understanding, seemed to be externally determined. With every blow, every scream at a loved one, every vengeful outburst, a smoldering pleasure had flared up, as if he painfully enjoyed once again in his mother's tears his lost identity with her. Such childish



sadism sometimes bespeaks, I think, the secondary nature of sadism reversed by still unconscious identifications, yet also demonstrates how surprisingly closely the œdipus complex is associated with it. It acquires its power from the focusing of diffuse emotion into the channel of self-awareness, and into the aggression of the ego.

Of course the genesis of the 'I' did not by any means put an end to the inner conflict. That came to pass through an event which occurs not infrequently, and may have quite different origins, but which in this instance was clearly shown to be a compensation that he needed for the lost universality. The boy smuggled an invisible companion into the new world of his experience, one whose physical appearance was drawn from a picture book,—a merry youth leaping forth from a band of children crowned with flowers, with the caption, 'May has come'. 'May' existed from then on as a double, with a fate supplementary to the boy's own. It was his duty to take on demand the position antithetic to the boy's: to be happy or downcast, good or bad, rewarded or punished, even dead or alive. If the child's wishes were not indulged enough, then he rejoiced in the unchecked fulfilment of May's wishes, but when abundance of happiness threatened to overwhelm him (as on Christmas Eve, at the sight of the tree and the presents), he announced curtly, 'Nothing for May today'.

It was plain that envy and malice played no part in either circumstance. When 'May' was happy, the child was consoled, and when 'May' was neglected, he restrained himself,—with that solely genuine selflessness which endures as long as the child has not yet attained sole possession of himself. As his self-possession was confirmed, 'May' appeared less often on the scene, had to travel a longer road back to the house which was once his dwelling. Later still he moved to another place nearby, and finally he had to content himself with traveling by train according to timetables. When I journeyed to Bavaria, I had 'May' for a traveling companion,—and he died in my home, making his final residence in Bavaria, so to speak. Consequently, when asked

where *I* was staying, the boy answered 'Lou is in heaven now'. Let it suffice to add that he had an exceptionally strong self-awareness and self-confidence thereafter, so much so that it would not be easy to find the equal of this 'I' of his. Still, at age three, there are occasions when 'May' still comes back, but only at night: when this uncommonly musical little fellow falls into a chanting singsong, which, in a last display of modesty is never attributed to his versatile 'I' alone.

Just as in later life, when the libido has assumed consciousness via the ego, it must experience anxiety when the struggle for mastery is repressed or inhibited, so it can suffer earlier too, when it still hesitates to accept the constrictions imposed by a definitely bounded individuality. The latter too results in repressive efforts, so that a narrow river bed must suffice to contain what was once an ocean. 'May's' mission was the sort of experience that persists longest in children given to fantasy, and I have noticed it in children considerably older than this little boy. I recall a comparable event from my own life, at about the age of seven,—an event accompanied by unusual circumstances which it would take us too far afield to narrate here. It took place at the time of my early and unready abandonment of the pious faith of childhood,—hence an abandonment of the divine refuge which may envelop a child like a last, spiritual, embryonic membrane: only as this is torn open is it possible for the ego, in a certain sense, to be born. It concerned an impression I had of my own reflection in the mirror. With a sudden unheralded awareness, I saw my own existence separate from that of all others. It was nothing in my appearance,—such as being less pretty than I had imagined,—nor guilt aroused by the sin of doubt. It was rather the fact of standing forth as a bounded individual that left me homeless and impoverished,—as if hitherto I had found a welcome place for myself as part of everyone and everything.

Children and sufferers naturally are more likely than healthy adults to have such an uncanny feeling of being reduced by the bounds of individuality to such a ghostlike facsimile of existence.



Normal grownups lose composure under the contrary apprehension that their identity may evaporate. As in the case of children it is their unstable ego feeling that lays bare the other side of narcissism, so in the case of the psychotic it is the disintegration of the ego. Narcissism is hence established as a concept not covered by the idea of 'self-love'. Hence, too, it is that the psychotic has so much to tell us about this, because of his loss of ego boundaries. As he foregoes the capacity for transference and the cathexis of objects,—which only the movement out from the ego makes possible,—he regresses to the point where he has nothing left to transfer to any individual, even to himself as an individual. Like the infant with whom he shares this condition of half-being, he lacks any word to describe it,—while we with all our terminology are left confusing both halves in an indistinguishable whole, which we are able to observe from one side only.

Of course there have always been people who on request provide names for the ineffable, but such names merely emphasize the unnamable quality in it, and these people feel entitled to use mere words as if they were entities. These are the old-fashioned metaphysicians. But suppose we were to turn these nebulous formulations to quite another purpose,—to make distinctions among the practical and actual aspects of inner experience. Just as we can learn about the nature of religion only by studying the classical language of religious believers, so too we may find in metaphysical expressions terms appropriate for aspects of living experience, which otherwise remain hidden from ego psychology, as the stars are hidden by daylight. The masters of faith and the great philosophers possess powers of expression through which they are able, as the psychoanalyst well knows, to safeguard the impulses which derive from the primal sway of their narcissism. They are able to reward the student of the human mind just as sometimes, and for the same reasons, the psychotic may.

It is somewhat to the discredit of the godfather of our term, Narcissus, hero of the mirror, if its use brings to the fore only



the erotism of self-enjoyment. Bear in mind that the Narcissus of legend gazed, not at a man-made mirror, but at the mirror of Nature. Perhaps it was not just himself that he beheld in the mirror, but himself as if he were still All: would he not otherwise have fled from the image, instead of lingering before it? And does not melancholy dwell next to enchantment upon his face? Only the poet can make a whole picture of this unity of joy and sorrow, departure from self and absorption in self, devotion and self-assertion.

## II

Psychoanalytic investigation has provided ample confirmation for Freud's vivid comparison of the grounding of object-love in self-love with the acrobatics of the *amœba*, which can withdraw its extended pseudopods. St. Augustine's remark is apt: 'I was in love with love'. So objects appear to deeper observation to be mere occasions for unburdening an excess of love,—love belonging to ourselves, and not finding an outlet. The question of how we divert our self-love to object libido has often been answered by Freud by such a concept of overflow. This 'too much' from the outset does not respect ego boundaries, and indeed even stands in opposition to them,—which can only signify that it is governed by narcissism, and, accordingly, that it counters every assertive act of the self with a reflexive act of withdrawal. To be sure there likewise exists a genuine self-love, consciously so directed, and deriving gratification from the advantage afforded to the ego, and not from sensual pleasure. But even true sensuality as it is involved with the self is readily concealed by the self from the observer, its excess taking the self for a center and flowing out around it. Only in the cathexis of objects is the libido manifested as something in itself, being then itself represented in the lineaments of the object. In the background, however, lies the land of its origin, and the distinct figure of the object looming so large before us is able to fool us by wearing the local costume. I think that what Freud calls 'sexual over-estimation'—the effort to exalt the object and to equip it with at-

tributes of beauty and value—arises here: it is an attempt to make out of the object a substitute for the underlying all-embracing unity,—which remains ultimately as inaccessible as the unified subject-object. In the final analysis every object is a substitute, and in the strict psychoanalytic sense a *symbol*, for all that abundance of unconscious meaning, inexpressible itself, associated with it. From the point of view of the libido, no object cathexis possesses any reality beyond this symbolic one. The quantum of pleasure derived from it is quite comparable to that which Ferenczi once described as 'the pleasure of rediscovery: the tendency to rediscover the beloved in all manner of things in the hostile world outside probably accounts for the formation of symbols'. To which we would add object libido itself as essentially narcissistic in its substance and provenance. Psychoanalysis contends that the later libidinal objects are transferences of the earliest; in essence this means that a libidinal object is a transference from an earlier undifferentiated unity of subject and object to an individualized external image. This individualization of objects is not absolute just as we do not resign ourselves libidinally to our own individuality, but to the contrary are impelled to make light of our boundaries and overlook them.

Freud has taught us that on account of sexual overesteem the surplus of narcissistic libido tends to be surrendered too liberally, with ensuing depletion and even injury,—a process reversed only through the experience of being loved in return. This is especially clearly evident when libido, of a masculine quality, comes into headlong conflict with egoistic strivings for mastery. To observe how narcissism may actually be enriched and elevated through sexual overesteem and through the suppression of the ego impulse, we must turn to situations where it has not undergone 'masculinization' in the province of the ego; where it has already undergone regression to an infantile phase at a persistent distance from the aggressivity of the ego.

Let me not be expected to take too seriously Freud's account of feminine libido, a view which emphasizes the deflection of



clitoridal sexuality to the passivity of the vagina. If such a concept disregards the ego side of narcissism, it nevertheless affords us insight into the other side which otherwise remains concealed. Sensuality that transcends itself and does not block the ego's vitalizing recovery of its primitive condition,—itself ego-alien—, may mount to the point of masochistic suffering, including both physical pain and psychical humiliation. In opposition to the ego the '... transformation ... from activity to passivity and by a turning round upon the subject never ... involves the whole quota of the instinctual impulse'.<sup>2</sup> Just such a paradox is inherent in the dual disposition of narcissism, turned on the one hand toward self-assertion and on the other toward abandonment in the primal boundless state. As Freud too has acknowledged, '... we have every reason to believe that sensations of pain, like other unpleasurable sensations, trench upon sexual excitation and produce a pleasurable condition, for the sake of which the subject will even willingly experience the unpleasure of pain' (p. 128). Freud also, to be sure, maintains that masochism is of a secondary, reactive nature, whereby penance is sought for past transgressions.

In libido with a feminine trend I understand a primitive sexual expression not to be understood simply in masochistic intensification,—when in fact the ego still coöperates, although negatively, to cause the pain. The reverse thrust to passivity also enables the erogenous zones to play their original roles, guided by the principle of conserving and waiting,—in contrast to the forward thrust of activity. Hence they keep that tenderness that promotes the spiritualization and refinement of physical processes, yet at the same time binds them to infantile erogeneity, generalized bodily contact, not yet limited to specific foci. Last not least, clitoridal sexuality abides as a persistent vestige, childish or childlike, superfluous in respect to genitality—and it abides until, perhaps, the woman has given birth to 'the little one', out of herself into the world. But at this climactic experience of femininity she approaches the maturity achieved by

<sup>2</sup> Freud: *Instincts and Their Vicissitudes*. Standard Edition, XIV, p. 130.



man,—herself at once the bearer, nurse, and teacher of the child. This very activity fulfils her almost to the point of bisexuality, but, on the other hand, holds her grounded in primary narcissism: for nowhere else in the world can it be seen but in the image of the mother, who procreates herself, and holds herself at her breast.

Corresponding to penis envy in women, we frequently find in men the wish to give birth to themselves (which is to be distinguished from the desire to return into the beloved mother who gave them birth, as well as from the incestuous desire to be one's own father). Here I see on the basis of observations of my own an emphasis based on the feminine model of the clitoris; in accord with infantile anal-erotism, the clitoris is considered to be detachable, like the '*Lumpf*' in Freud's case of 'Little Hans', and as may be seen in many, although not all, the pregnancy fantasies of male neurotics. I allude to this, because it has often seemed to me that when a boy reaches manhood he feels it as a violent and alien attack, which he would rather himself incorporate by force than submit to it. In such instances then there appears to be a trauma to the narcissistic self-love, the unity of libido and ego, prior to the cathexis of objects by the libidinal surplus. Only later, in the object cathexis, are the two once more united in their common delight in the object.

Neither the cathexis of objects, nor the sexual overesteem which is its correlate, endangers narcissism. Narcissism instead presents a danger to the object, and is to be held culpable when its persistent interference ends in the annihilation of the object. For, having been admitted from the start only as a kind of substitute, the object in the reality fades away the more it is adored. Typical disappointments in love have their ultimate and inevitable basis here; not in love's decline with the passage of time, nor in disillusionment. No, the object is put on trial for its life to prove that it is more than a living thing, and has to offer its uniqueness, for which it supposedly was selected, as proof of its real universality. With the progress of ecstatic love, as the object is more and more unreservedly magnified, the more

does the object behind its manifest symbolic form remain undernourished and devitalized. The more fiery the fanaticism of love, the more cooling is the effect of its distortions,—until climactically fire and frost are one; so happy loves may have a more disagreeable fate than unhappy ones, which at least give warmth to the lover even when they leave the partner cold. The propensity to symbolization of the object carries on behind mature genitality too, exploiting the genitals themselves for the purpose of narcissistic identification,—which has no need for access to specific objects, but spreads itself into everything while taking nothing else into account.

It seems to me that much of what we attribute to object libido stems directly from narcissism, and is associated with objects only because of our propensity for symbolization. This largely accounts for so-called 'friendships' between the sexes. I have often observed in popular discussions of this theme that even unbiased thinkers beware of considering such friendships to be merely not-yet-love, or love striving against its own repression. I think that there is indeed sexuality in such attachments, not from the start directed to the partner, but, originating elsewhere, becoming associated with the relationship;—originating, that is, in elaborations of narcissism, through the sublimation of infantile drives. Certainly there exists between friends a climate of asexuality, rooted not in mutual erotism, but in a *tertium quid*. It is all the same whether it derives from residual infantile interests, or attains a highly spiritualized blossoming; no matter whether the friends are at one in God,—or only in collecting, or going fishing. The heart of the matter is this: whatever love, honor, even transfiguration the friend may attain in our eyes comes from this 'third', which is able to forge bonds stronger than those of personal erotism. Detached from the goal of sexual possession, everything imaginable seems attainable to the libido thus elaborated, and with the sublimation of the most archaic autoerotism it arrives at a confusion of self and world, experienced *à deux*. In exchange for the narrow scope imposed by the genital love of a particular person, the broadest compass



is permitted to narcissism that has successfully developed outside the range of genitality.

To make a poor joke,—our dear old autoerotism, once distributed all over the body of the child, is now, through sublimation, able to ascend from the members to the head, a veritable 'displacement upwards'. From this springboard, that initial powerful leap is made which lends the significance of the libido to cultural life in general, the leap from the libidinal accentuation of the physical to the world of objective registrations, from infantile self-preoccupation to the confrontation of the world. And the world is not just more or less symbolically cloaked, but appraised and used. So, under normal or perhaps ideal circumstances,—it is still our narcissism that gives rise to the highest, most comprehensive spiritual elaboration, and what the body brought forth from itself once more finds ground beneath its feet. Objectivity is mankind's glorious goal, summoning narcissism, Eros masked, from the dreams of childhood to the service of research, progress, art, and culture. When it stays behind in childish dreaming and when its leap falls short, it slips without a blow into the bottomless deeps of disease.

### III

What then does it really mean, this overestimation of objects which drives them from their intrinsic individuality to become symbols of value? And which concurrently enables primal narcissistic instinct to ascend to sublimation? Both depend upon the fact that the individual, becoming conscious, must use his infantile identifications more and more indirectly. That is, he needs to conceal through the agency of symbolic expression their incapacity for actual discharge. This he does by heightening the value of their ideational representations. By enhancement of value the substitute is a spiritual return to the essential. The libidinal cathexis of narcissism, thus being obstructed, successfully bribes the judgment which had become more and more adapted to reality and strikes a compromise with it, so that the idea 'value' stands symbolically for the essential thing, the 'one-



and-all'. Problems of value in general are libidinal problems; only with the coöperation of the libido is it possible to lift the veil of seclusion which surrounds the Other. All value judgments struggle toward overesteem, and seek to get away from the relativity of individual particularity. They strive relentlessly toward conviction through faith, that faith for which 'nothing is impossible', not even the fastening of our earliest fantasies to the experience of reality. So our narcissism in its struggle to sublimate and idealize turns us into those legendary Toggenburgers, who are supposed to adore their beloved the more as the possibility of actual union with them recedes. It is a familiar fact, with abundant evidence, that we never attain conviction without the privy compliance of the narcissistic demand within us; conversely, when the latter is gratified, no power is strong enough to make us change our minds again. We may in all modesty confess that our opinion is only subjective, but we know all the same that it is absolutely and universally valid. And in truth, our narcissism is nothing other than that mysterious knowledge rooted in the emotional life, which posits the ultimate in subjectivity as the keystone of our objective existence. When any metaphysical position attempts to harmonize 'Being' with 'God', as the principle of absolute value, it is not only engaged in a narcissistic mode of thought, but is itself the very image, philosophically elaborated, of the union of narcissism and objectivity.

This double content is most immediately evident in questions about the value of life,—questions which arise only when the value of narcissism itself is at stake, although judgments may be made about it as though they were concerned with a concrete external object. The optimist will always be right in his intoxication with life—a little of which beneficially circulates in the blood and brain of healthy men—an intoxication fostered at the source by narcissism. By contrast the pessimist, presumably judging without benefit of this inner 'unrealistic' attitude, judging without libido and without love, always appears off course to the man who carries on, the man who alone is really alive. When the element of narcissism takes too strong a hold of a per-

son, he is pushed by his all too confident assurance, his abundant vitality into painful collisions with reality. If, however, it is too weak and succumbs to realistic judgment, then no success, not even the happiest, can bring him joy. The life of the 'normal' man swings between the same two tendencies,—suggesting that manic and melancholic alternations obtain in normality too. Even in health these opposing distortions exaggerate the facts, and yet they mean more than when, through moderation, they stay as far from hate as from love. The fullness of life exists in its exaggerations in both directions, in its too absolute assessments of value; it is really life only as it transcends all its fragmentations.

The influence of narcissism on judgments of value only becomes a practical problem when 'worthwhile' and 'cathected' are not so plainly synonymous as they are when the value of life itself is under consideration. In these other instances it is presupposed that where a value is attributed to something, at least the *most* infantile drives directed to it have undergone a transformation in the interest of its fulfilment. In other words symbolic idealization of the object must be accompanied by sublimatory elaboration of the drive,—two processes which demand clear distinction, as Freud has rightly warned. It is of extraordinary interest with respect to narcissism that not only the object but also the subject may ascend to a 'higher' position in the scale of values,—a point established in Freud's designation of narcissism as the 'germinal stage of idealization'. We attain this stage as soon as we are disillusioned with our imagined selves by our encounter with reality. 'To this ideal ego is now directed the self-love which the real ego enjoyed in childhood.'<sup>3</sup> Since, in the course of time, infantile wishes fail of attainment, limited as they are by the facts of reality, a need arises for a hierarchal order in the sphere of the instincts, for gradations and for organization. Our self-image, wishfully identified with the ideal, exists within this structure, with many of its features emphasized and others erased. We still deem ourselves beautiful and truly great, but we

<sup>3</sup> Freud: *On Narcissism*. Coll. Papers, IV, p. 51.



also must acknowledge the contrary features of littleness and ugliness, and must devalue ourselves in the presence of that idealized image which we are, but which we are not entirely. We ought not dismiss lightly this reactivity to narcissism, whatever form it takes, religious, ethical, or other. It remains real, even after the withdrawal of the influence of external factors which have gone into its making,—the commands and prohibitions of those responsible for our upbringing and discipline in their subtler as well as their cruder forms. It remains also after the withdrawal of the object libido which bound us to protecting persons and transformed them to those ideal symbols most deserving our emulation. We ourselves participate fully in all this. As narcissism symbolically elevates personal qualities through the medium of object love, as it asserts itself ever more comprehensively with increasing intellectuality and abstraction, it approaches its goal of autonomous judgment. If at the start it expresses its fervent conviction, 'Life is itself value!'—ultimately its mature judgment rings out: 'The only true life *is* value!'. And even this overestimation of value, taking itself as the absolute measure, submitting Being to itself—although value arose in the first place because of Being—this ethic in pure culture is also the very acme of narcissism.

The significance of all this is all the more striking to me in illustrating how deeply psychoanalytic insight can penetrate the foundations as well as the motivations of ethics. Freud's expression 'the narcissistic germinal stage of idealization' is as far removed from dependence on metaphysics in its consideration of psychological reality as it is from any rationalistic attitude, which always implies some external influence, whether it be the profit to be derived from an action or the sanctions consequent to it. Freud goes into the problem as far as it is humanly possible to pursue human nature,—to the point of man's becoming conscious of himself and seeking to restore the total unity, even in the face of his own instinctual drives toward obedience or love,—in order by such a detour to be able to renew the primal experience of universal participation. If the ego, as it becomes



ever more definitely differentiated, permitted itself to be over-run by the confused inroads of the drives, it would remain confined, perforce, to infantilism, losing contact with the environment, but not restoring the primal condition of the not-yet-conscious child. Of course this internalization of the summum bonum amounts to a realization of it in fantasy, however we may still struggle to attain it, but on the other hand we know from its unconditional character that what we maintain so emphatically must spring from our own nature. And so it is: it is we who disappoint ourselves and who displease ourselves. He who is disapproved of and he who is convinced of his ideal value are inseparably united within us, and the narcissistic source of love is not exhausted. That is why the neurotic who lives in unmitigated self-doubting is not so different from the one whose god-like pretensions approach the delusional. Genuine ethics, ethical autonomy, creates a compromise between command and desire, while attempting, in principle, to avoid just that compromise. The desired goal is put out of reach by imposing such strict ideal values, but the imperatives are grounded in the primal fantasy of an all-encompassing, all-supporting Being. The compromise is betrayed explicitly even in the most rigid moral institutions,—especially in them—those formed by the subterranean connections between obligation and desire, ethics and religion. Just as no religion can do without an ethically potent vector (that is, the requirement that the child respect the father) so with equal certainty no autonomous ethical stand can exist without the promise of the mother's warm embrace. Everything that we call sublimation depends on this possibility,—that we can retain something of that last intimacy of the libidinal attitude toward even the most abstract and the least personal things. This alone prompts the process whereby 'sexual energy, all or in part, abandons the sexual route and is drawn to other goals'. In the religious experience of the man disposed to piety, object libido originally directed to the parents flows into the narcissistic stream,—so producing narcissism's most brilliant performance: the two energies unite to the glory of God, ruler of all, and at the same time near-

est and dearest of all. The very requirement that so harmed the love object,—that the personal be etherealized into ever more purely symbolical forms,—produces the masterpiece, wherein God, symbol of the symbols of love, becomes a person.

Accordingly, even the person who has been liberated from customary religious ideas needs to be guided in his efforts at sublimation by the element which is the effective agency in religion, that kind of narcissism which moves confidently toward idealization. Otherwise his efforts may merely lead him to alienation from himself. Devoted to what is of greatest value to himself he may see it flying far above himself, raising him only just high enough for him to look down at his own lame self full of shame and indignation; instead of the flight he longed for he must sink into the torments of a guilty conscience. Freud's admonition deserves to be taken quite seriously: to presume to sublimations beyond one's capacities brings not perfection but neurosis in its train.

It is again striking with what profundity and sobriety Freud opens up ethical problems by applying psychoanalysis to the consciousness of guilt. Once more the question could be answered without recourse to metaphysical preconceptions or to external utilitarian solutions. The residue of our narcissistic megalomania underlies our ethical pride, the onward-and-upward movement of the ego adapted to reality; he who cannot keep up the strenuous pace falls unheeded by the wayside. In the end such a man regards himself only from the point of view of what he believes worthwhile but is unable to achieve; he must repress his own nature and seek to deny it, yet fails to become free of it. Such a process is relatively harmless so long as it is only the result of discipline self-imposed out of fear of punishment, or out of obedience coming from unrequited love for another. If it touches upon the narcissistic foundation of ethical behavior, then guilt feeling and repentance are only other names for illness. Hence all neuroses are guilt neuroses. It is pathognomonic for them that the patients feel exiled from the kind of self-respect that is built upon the health and security of



the instincts; and this despite the fact that they are by no means driven by conscious desire, but rather by the oversensitivity of their conscience, and for that very reason anxiously keep their clamorous impulses under lock and key. Deepening of the inner cleavage leads to breakdown in the case of the psychotic, whose conscience is put out of action, his instincts unrestrained, and only his negative disposition toward reality stands in the way of his going into action instead of remaining a criminal only in fantasy. Even his neurotic suffering can be given an ironic twist, so that the ego reduced to being a powerless, unparticipating observer resumes its critical function after having succumbed to repression and disorganization. Then it is doomed to behold, instead of the real world before its eyes, the mechanism of the most primitive kind of narcissistic wish-making made manifest in delusion,—comparable to the dreams of the healthy.

I have turned to this seeming digression because it seems to me that there is an analogy with the ideas 'neurotic' and 'psychotic', existing within the confines of normal ethical behavior. Quite apart from guilt feeling, the ego is confronted by its omissions and commissions, and also by a feeling of disillusion with life and existence. So do we acknowledge our shortcomings not with Pharisaism or abjectness as if they were external, but we are wounded at the point of primal attachment surviving in our narcissism. To be sure this is an expression of greater infantilism than that of the conscience under the ego's dominance,—which can work out its own salvation,—but the two can persist side by side. I recall from my own childhood, and later too, that I could feel absurdly sick at heart over the disillusioning shortcomings of others; 'ethically' they gave me far more pain than my own. For what did it avail to perfect oneself, when it was not enjoined on everyone, oneself included, to be perfect? I was transported with gratitude and delight whenever such faith seemed to be confirmed,—and with alarming speed I was relieved of the pangs of my own conscience about what sort of appearance I myself presented.

However childish that may sound, it remains a little ironical



that the other side, our conscientious side, engaged in its highly ethical quest of deliverance from selfishness, must remain ardently preoccupied with itself, never permitted to forget itself, not in all the sorrows and joys of the heart. In the ethical attitude therefore two kinds of behavior may be distinguished: one proceeds chiefly from the values consciously enjoined by the ego and maintaining at its center the cause of the ego, the other from old identifications devised by narcissism, yet no less elaborated into ethically slanted wishful fantasies. The latter doubtless fulfils an important function: manifestly every ethic derives its main qualities of unconditionality, absoluteness, universality, from the primal narcissistic supply, always ready for any extravagance, and supporting our 'ethics' on such a questionable basis. Hence the alternation of the two sides of the ethical paradox which, when closely observed, cannot be easily surpassed. There is no ascetic discipline, no strict observance, no final rejection of reality that does not hark back to its narcissistic accomplice, the very one who taught us the alluring audacious proclamation: 'Disregard the world, it is naught!'. On the other side, the ethical absolute must take into account all possibility, all reality, all vicissitudes of life, and account for all its complications, for it—the absolute—is there for the sake of mankind and its dream of joy and salvation, from the selfishness of children to the sublime egoism of the seeker after God, storming Heaven itself. This quality of ethical practice is in its abstractness rooted in narcissism, and the strict, majestic demeanor of narcissism in its ethical forms produces from instance to instance such a tangle of contradictions that we might contend that whoever unwound this living, knotting confusion into a single thread acted in a very schematic way.

I cannot desist from my theme without adding one thing more: how just this determines my appreciation of and respect for the ethical phenomenon in man. This is the only way in which it attains the level of creativity, while seeking law, rule, behest. Through the friction within such a paradox, that is, the realization of its unconditioned absoluteness only through the

individual living instance, it becomes creative activity *par excellence*, performing what 'nowhere and never comes to pass'. When the ethical is revealed in uncompromising rules, in the interpenetration of regulations and prohibitions, then autonomous existence is granted to valid principles. It is easy to understand that prescription and law are most emphasized when secret wishes must be warded off. Nevertheless, the ethical, in some sense of the word, remains the *un*-prescribed, and, indeed, the poetic, for in all its activity it bears the imprint of the dreams that are the stuff of poetic invention. The poet sings while dreaming, and the ethical man does the same in practice, venturing with his dreams into reality, hardship, experience, exposed to confusion and accident. Therein lies the dignity of what he accomplishes, fragmentary and incomplete as it is bound to be. It is in contrast with the perfection of a work of art, the very isolation of which is unendurable to him, and which he repeatedly shatters in order to put it at stake over and over again. The ethical is a venture, the highest stake of narcissism and its sublime audacity, its exemplary adventure and the eruption into life of its ultimate courage and abandon.

#### IV

In the case of art, artistic creation, or more generally in all activity which is poetically rather than practically oriented, we do not first have to detect the traces of infantile narcissism, as we must in the case of object-cathexes and value judgments. Here the trail leads straight from the beginning to the end, judging and cathecting with narcissism. This method would be at the command of all of us all our lives, and every moment and in every one of our impressions, had we not got so thoroughly rid of it by means of our logical and practical adaptation to the world determined by the ego and reality. For the most part we can only, through recollection, reach back to the realm where inner experience and external event represented the same occurrence.

Here 'recollection' means something other than 'memory';



Freud said of memory that 'it depends wholly on consciousness, and is to be differentiated sharply from the memory traces in which unconscious experiences are fixed' and we are to look upon the memory traces as functional object representations, and not as the word representations abstracted from them, the latter being simply semantic conventions which we grasp through the agency of the memory. The perfect exactitude attained by the very best kind of memory can be inversely proportional to clarity of recollection, which exists in vital association with sense impressions, and rises to consciousness only in the course of life itself. We 'have' memory, but we 'are' recollection. Hence the thoroughly inartistic nature of the mere copy, and hence its rejection by the child and the primitive as long as they are able still to treat reality through fantasy or take the fantasy for real. The prearranged illusion of movement in the motion picture clearly represents the antithesis of recollected movement. It may even be that the film, coming to the aid of memory with all too perfect reconstructions of the past, exercises a deadly influence on true recollection, disorganizing and dissolving its essential wholeness. Recollection in a way is never merely a practical achievement; it is always a poetical one. It is so to say the only bit of poetical talent preserved to everyone of us. It is at the same time the result of a past which in creating distance helps us to a conscious perspective, and a constantly renewed activity and affectivity, even when the two do not act in unison as they do in the poet's work. Poetry is the extension of the life of childhood, a life which the adult must sacrifice for the sake of practical existence. Poetry is perfected recollection.

Nothing goes more deeply into the impressions of childhood than the unveiling of the repressed, and nothing strives more vigorously for liberation through recollection than the life of one's childhood, even when it is still fenced in by the commands and prohibitions of adults. Later repressions cling to those of infancy, forming a treasury of memory traces, not at the disposal of our consciousness, and attracting to themselves by associative links whatever has been driven from consciousness by the ex-

pulsive power of repression. It might be said that there can be no hysterical amnesia in the absence of the infantile amnesia.

In his early study of *The Poet and Fantasy*, Freud conceived of art as a specific against the toxins of repression, and, certain pertinent extensions notwithstanding, this view has persisted in principle, although it has aroused the disfavor of artists, mostly because it has been given only a superficial exposition. Too much attention has been directed to the claim that art is the guarantor of wish fulfilments which otherwise would assert themselves, if at all, in crime and illness. Such a view overlooks the whole extent of Freud's distinction between conscious and unconscious wishes. The artist least of all exacts the fulfilment of his personal wishes, and as a creative personality he alone comes to us *from* his fulfilments, and not in pursuit of them. On account of his temporary withdrawal into that primal enclosure which is otherwise cleft into subject and object, he is more abstracted from solipsistic privacy in his creative work than anywhere else. This alone makes possible and confirms the lifting of his repressions, and this it is that liberates his impulses once more to their condition when they were ego-syntonic as far as conscious censorship goes. 'In respect of this single constellation the unconscious becomes ego-syntonic . . . without any change taking place in the repression otherwise. The effect of the Ucs in this coöperation is unmistakable; the re-enforced tendencies reveal themselves as . . . different from the normal—, they make possible achievements of special perfection. . . .'<sup>4</sup>

The reason for this is that we do not go back to the individual ego, consciously relating itself to itself, but to these universally inclusive and essential elements of childhood, on which alone the social enjoyment of art also is based. Without intending it so, the poet has his public within himself, with himself, and all the more so, the more completely he is accustomed to look elsewhere, wrapped up as he is in the creative process itself. It is impressive that in ethical behavior universal values can be ethically enacted only in the individual instance, and that it is in this

<sup>4</sup> Freud: *The Unconscious*. Coll. Papers, IV, p. 127.



seemingly paradoxical manner that the special creative significance of ethics can be manifested. Similarly it is a surprising fact that the artist's involvement in his work, fully personal as it is, at the same time always completely comprehends the universal, in order to be truly *realized*. So what seems to be subjective comes to be the nexus of objective validity. Correspondingly does creative activity, the easier its victorious fulfilment, the more unhesitatingly arrive at personal specificity, expressed in either physical or mental terms. Therein it is precisely analogous to the embryo, whose growth results in displacements and pressures in the maternal body and may even cause toxins to circulate through its veins. Often the artist awakens from his abstracted state as if from a compulsion, feeling liberated to turn his thoughts where he pleases, and to return unhindered to his own personal and objective desires. Naturally he may also feel transformed by the foregoing experience, as though much of what had hitherto preoccupied him had been brought to a conclusion and as though a process of transvaluation gave new emphasis to what was before barely perceptible, making old things new and new things old.

The problem has interesting sexual aspects. Sexuality in the shape of its major complexes stands firmly at the center of creativity, participating in the conception, but all only in so far as it was elaborated into something free, as it were, of personal sensuality. It is the center, totally displaced from its personal surroundings. Where this process fails ever so slightly, the fulfilment of personal fantasies signifies the immediate lapse of creative performance. The artist needs to be able to regress to the most infantile levels remaining fully susceptible to corporeal stimuli,—but here too his behavior must be 'creative'. The share of eros in the work of the spirit,—which Freud demonstrated at the cost of severe censure,—is a part of our most ancient knowledge; it should go without saying that this participation can take place only when sexuality is not pursued to its normal goal but on the contrary persists in its infantile form. But it may attain creative significance only under the ægis of repression,

which fosters the disembodiment of primary infantile polymorphous drives, instead of the processes of maturation and genitalization. One might say that artistic production strips away the husk of corporeality from the fruitful seed, which then reaches full growth in the work itself. In Ernest Jones's words: 'in the artist's striving for beauty the fundamental part played by these primitive infantile interests—is not to be ignored; the reaction against them lies behind the striving, and the sublimation of them behind the forms that the striving takes'.<sup>5</sup> Desire and reaction must both play a forceful role.

Schopenhauer based his famous experiment on this idea: to yield to sexual excitement and then to turn suddenly to mental work from the peak of excitation. It is tempting to believe that similar experiments ought to prove valid not only with respect to the collaborative activity of the specifically sexual, but to all instinctual activity; for example the stimuli branded as 'bad', to which we might yield with impunity only in our carefree infancy. Purely amoral desires, barely diverted from the undifferentiated state of narcissism to crude and limited egocentricity, might by this transition hold possibilities realizable not in practice but in creative fantasy. It is in this sense alone that the 'bad' sexual element is truly augmented in the creative person. When Goethe affirmed that he knew 'of no crime which he might not have committed' that was the remark not of the most highly individualized man but of the most typical one, still embracing the infantile totality, the most precisely oriented along the path of artistic form, and at the same time the most imperiled. 'In this connection we can understand how it is that the objects to which men give most preference, their ideals, proceed from the same perceptions and experiences as the objects which they most abhor, and that they were originally only distinguished from one another through slight modifications'.<sup>6</sup> If a man slips and

<sup>5</sup> Jones, Ernest: The Madonna's Conception Through the Ear—A Contribution to the Relation Between Aesthetics and Religion. In: *Essays in Applied Psychoanalysis*. London: International Psychoanalytic Press, 1923.

<sup>6</sup> Freud: *Repression*. Standard Edition, XIV, p. 150.



falls out of the creative situation he finds himself fearfully suspended between nothingness and nothingness: he is protected neither by his work nor by the real world, and he becomes questionable in the criteria of others as well as in his own, that is, in the practical judgment of his own inner world. While stagnation and disturbances of work make the artist look like a neurotic, the basic predisposition of all productivity dangerously approximates the psychotic organization, which at the height of activity is pulled up behind the ego. Through many observations, I have repeatedly been convinced of the ease with which a reversion to sexual infantilism may ensue upon an unforeseen lapse of productive activity confirming Freud's remark, 'In Sexuality the highest and the lowest are most closely interdependent everywhere'.<sup>7</sup> Hence the power of our apprehension that what we see may be not merely a matter of transitory interruption but a real falling off of mental potency. This is all the more deplorable in that creative situations often require just such intermissions and suspensions, restorative pauses of consciousness, while the hidden labor proceeds in withdrawal,—rather like the winter's retreat of the sap in the tree trunk, which is invisible to the observer, while the trees surround themselves with all the sadness of their stripped, discolored foliage. We pass judgment on ourselves from the standpoint of the eye we have directed on ourselves ever since we passed the threshold of infancy, and this judging, condemning scrutiny is the sharper and the more relentless as our instincts are dammed up and strengthened at that threshold. It is as if the artist must come again to live through childhood's heaven and childhood's hell.

Alienation from the ego is possible to us without harm only during our nightly minor psychosis, our wondrous nightly season of creation, the dream, so often likened to a primitive work of art. The dream most closely resembles creation in the uncanny objectivity with which its content is presented,—making the most amazing efforts to bring the clarity of persuasive form into the seemingly greatest confusion. Even this does not quite

<sup>7</sup> Freud: *Three Essays on Sexuality*, Standard Edition, VII.

characterize it at its most artistic: but rather it is the power of the dream to do justice to things, uninfluenced by our personal inclinations. One recalls Lichtenberg's troublesome question, why in the world is it that even writers are unable to bring to life other characters appropriately, knowingly, and uncorrupted by their own prejudices, when dreams succeed at just that quite effortlessly. That seems to me one of the most convincing proofs that in a healthy, intact narcissism this transsubjective force is in effect; that is, through creativity by means of wish fulfilments is accomplished the involuntary purpose of our deep identification with the totality, because only creativity corresponds with its impulses. In both the manifest and the latent dream, elements of this kind are to be found transcending the personal wishes of the dreamer and making him come off second best with respect to others. Pressed far enough analytically these elements lead to the universal inclusiveness of narcissism. But in dreaming Homer sleeps,—he that might turn all this to account. Conversely in daydreams the power of reflection is not asleep, and thus might facilitate observation of the dream content; but by the same token narcissistic identification is absent, and with it the objectivity it so freely, though involuntarily, confers. The desires of the ego get the upper hand and, passively mirroring the self, put an end to the active thrust toward form. In art too there can be points at which dreams or daydreams betray their presence,—points at which either consciousness is insufficiently operative or repression of the ego ineffective. *Then* the application of analysis is likely to be brilliantly successful, whereas perfect artistic realization eludes all our reckoning, and prevents us from tracing the course of the threads and twists on the reverse side of the many-colored tapestry.

Quite apart from the question of talent, then,—to which the consideration of creativity must return,—it is plain that the compulsion toward objectification in narcissistic identification is the foundation of all creativity. The productive force, the will to form, arises in its might out of the undifferentiated unity of passive and active. Of this process we are kept unaware by the



mediating and diverting influences of our consciousness. In language the unity is plucked apart into a duality,—although in biology we recognize 'sensitivity to stimulus' and 'reaction' as an identity, indicating a living process. Since artistic productions have to make their way outside the course of practical life, within their own reality, their specific experiential attribute becomes repeatability. To become *form* means to endure to the end structurally unalterable in being and presence, so that the whole is shown forth alive in every inner replication and appreciation. Children in the freshness of their fantasy life understand this best when they hotly insist on hearing the story repeated with absolutely the same details, and denounce any change as a 'lie', an affront to a real being. This reverence for form, which recognizes in form the essential content, and vice versa, permits children to seem more gifted artistically than they later prove to be. They literally still have more 'play-space' within the logical and practical reality, and are not yet besieged by reality on all sides, nor forced to banish the primal conception from their world and their ego into a quite different category. So too the artist would live his work happy in his play, as it was given him, if he did not need to translate it, just as dreams are only saved from vanishing through the act of 'secondary revision'. The work of art does not come into being through piecemeal elaboration, but is itself an existence that needs to be stripped of the veils that conceal it and are quite able to thicken suddenly and become quite impenetrable. That is what makes the work exhausting, and causes its haste and worry. Human-all-too-human are the three elements adhering to artistic creativity: the struggle against repressions which have to be overcome, the danger of sliding into infantile materiality, and lastly the hurry and the overstrain. Otherwise the work would be a guide to blessedness like nothing else on earth, a rejoicing in the incredible fullness of union between intoxication and peace. Not for nothing does joy like a herald proclaim such events even before our consciousness knows of their coming,—in contrast to other joys that we recognize as more or less justified, and as with

manic joy, the sudden expulsion from it reminds us more of pathological melancholy than of normal grief. In creative art, if anywhere, we find the colors and the shapes by which the divine is approximated in earthly form. And if man imagines a God as the creator of the world, he does so not only to explain the existence of the world, but also to explain the existence of God's —narcissistic—reality. Whatever glut of wickedness and evil cling to our world, faith would die only if God himself no longer dared become the world and its work.



# SADISM, MASOCHISM, AND AGGRESSION: THEIR ROLE IN SYMPTOM-FORMATION

BY GEORGE GERO, M.D. (NEW YORK)

Drives do not cause symptoms. Their role in symptom-formation is twofold: they are propelling forces of the symptoms, responsible for their repetitive nature; and they create conflicts which in turn, under specific conditions, may lead to the formation of symptoms.

The most widely accepted current psychoanalytic theory of instincts postulates a duality of instinctual drives: sexual and aggressive. There can be no doubt about the presence and power of aggressive propensities in man, and with good reason aggression should be considered an instinctual drive as it has such characteristic qualities as innate origin and continuous force, although other qualities—such as origin from bodily sensations and rhythmicity so familiar in the sexual instinct—are missing.

It is futile to seek to assign a quantitative predominance of one of these instincts in symptom-formation. Both instincts are always involved in the genesis of symptoms. The question to ask then is which instinct is involved in which type of symptom. We can expect to find the aggressive instinct at work in those aspects of symptom-formation which relate to the superego because its functions always presuppose internalized aggression. The sexual instinct will be predominant in those aspects of symptom-formation in which the primary process, repression as withdrawal of cathexis, and the return of the repressed make their decisive contributions to the pathological process.

A distinction between sadomasochistic and aggressive drives is necessary. This is a differentiation which is especially impor-

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tant, if one considers sadism and masochism as component instincts of the sexual drive in accordance with Freud's original theory, and distinguishing their qualities as far as their role in symptom-formation is concerned is not a purely academic matter. As the sexual and aggressive drives take part in different aspects of symptom-formation, our understanding of a clinical problem, of a symptom, and our therapeutic interpretations of them, are influenced by our differentiation of sadomasochism from aggression. The first objective therefore is to clarify the concepts, sadism and masochism.

The common usage of these terms in the pre-freudian sexology still interferes with the full understanding of their role in the development and structure of sexuality. The narrow definition of these terms—sexual pleasure derived either by inflicting pain or from suffering pain—still reverberates in psychoanalytic thinking. Freud (7) first described expressions of the sadistic sexual drive in a pregenital phase of the sexual development; however, its part in infantile genital organization has not been sufficiently emphasized. Clinical observations of similar nature indicate that sadomasochistic fantasies during the phallic phase assume a new meaning which justifies a broad reconstruction of certain aspects of this phase of development.

The sexual fantasies of children in the phallic phase depict the sexual act as a cruel, painful, bloody, yet exciting and pleasurable event. According to the innate folklore of children, the man, the father, is the cruel attacker, and the woman, the mother, the victim, the sufferer. The typical observations on which this mythology is based are chiefly the discovery of differential sexual anatomy and observations or fantasies of parental sexual intercourse. The child's unconscious fantasies always make the father's cruel sexual attacks responsible for the mother's 'loss' of her penis. Apart from these typical stimuli there are, of course, always incidental ones as well which confirm the innate primary fantasies. Among them awareness of the mother's menstruation or the birth of a new baby are noteworthy. The unconscious fantasies woven around the early con-



cept of the sexual act and the discovery of the anatomical differences stress their bloody, painful, and violent aspects. The genital sensations of the child becoming increasingly intense and clearly differentiated in the phallic phase confirm the uniquely pleasurable qualities which can be experienced through these parts of the body. Fantasies and bodily sensations lead to confusing, contrasting, and conflicting expectations.

During the phallic phase and through the œdipal period, the individual drive patterns are reorganized. The sadistic acts are identified with the role of the male, who is depicted as the cruel attacker who inflicts pain and injury. The masochistic destiny is viewed as the woman's lot: she endures the cruel attacks and finds pleasure in yielding and submission. Freud clearly stated that sadism and masochism must be assessed in the framework of the bisexual organization, and that their definition is accountable for the different roles of the male and the female (8). As Freud justly emphasized, 'anatomy is destiny'. It was in this paper too that the term masochism lost its narrow meaning of an overt perversion and acquired a new significance of far greater import and deeper meaning. The beating fantasy is, however, only one of the possible sadomasochistic patterns which emerge during the phallic phase. The impulses materializing in fantasy show great individual variation as, for example, cutting or being cut.

A patient, in an indirect way, gave evidence of the presence of such a fantasy during his analysis. He was obsessed with sadomasochistic fantasies, one being that his penis was about to be injured, cut, or pierced. While he could not consciously remember anything about his mother's suffering from his father's cruel sexual attacks, it was exactly that fantasy which broke through in his obsessive thinking. From his fantasies emerged the fact, of general significance, that unconscious sadomasochistic fantasies belonging to the phallic phase are invariably phallic. In these fantasies the penis or the clitoris is always involved. Phallic sadistic fantasies always center about the cruel, piercing action of the (father's) penis. Phallic maso-

chistic fantasies center about the bloody female genital wounded by the attacking phallus. Such fantasies are rarely expressed during childhood. Typically they are in the unconscious the most deeply repressed core of the œdipus complex.

In the beating fantasy can be traced the regressive steps in which by symbolic disguise and displacement the penis is replaced by a whip, the female genital by the buttocks. Which regressive drives predominate will depend on the pregenital fixation points; anal or oral fantasies may thus obscure the underlying phallic sadomasochistic fantasies.

A male patient reported a masturbatory fantasy which had retained for him an undiminished libidinal interest from his fifth or sixth year. In it he was being eaten by cruel, domineering Amazons to whom men were merely meat. His analysis gave evidence of the complicated defensive steps which led to this fantasy. During adolescence, the beating fantasy had appeared briefly in consciousness, but caused sufficient anxiety that he reverted to the oral-cannibalistic version. During analysis the man (the father)—for whom the attacking women were a screen—emerged. The most bizarre sadomasochistic fantasies turn out to be regressive displacements of phallic œdipal fantasies which are repressed under the pressure of guilt and anxiety.

Instances in which the beating fantasy develops into a manifest masochistic perversion are rare. It would be wrong, however, to underestimate the degree to which pain, real or imagined, is sexualized in later phallic sadomasochistic fantasies. As in the child's mind the mother's suffering is directly connected with parental coitus, so the child associates it also with pleasurable genital sensations. However much in fantasy or in behavior the infliction of pain is deliberately sought, it is as a means of achieving orgasmic pleasure.

The more the pleasure function of the genitals is repressed because of œdipal guilt, the more disturbing is the sexual-pain concept. In some women pain becomes a danger signal activating the fear of genital injury, the female counterpart of castra-



tion anxiety. With the onset of the menses, pain connected with the female sexual functions of ovulation and menstruation causes a regression to the exaggerated sadomasochistic fantasies of the phallic phase. Depending on individual factors, these regressively reactivated conflicts lead to frigidity, intense penis envy, and masculine protest. Among men the fear of hurting women or, to put it in genetic terms, the fear of re-enacting the infantile fantasy of the father's cruel sexual attacks, increases the pressure of œdipal guilt and leads to impotence.

This concept of sadism and masochism is a logical consequence of Freud's observations (8, 10). Among psychoanalysts, Helene Deutsch (4) demonstrated clinically the importance of masochistic drives in the sexual life of women; also observations of Herman Nunberg (18) and Marie Bonaparte (3) reflect this view.

Freud suggested that the girl's beating fantasy represents a compromise between regressive libidinal strivings and self-punishing tendencies; but, he added significantly, this is not the whole story. Such a combination is of course possible and no doubt frequent. But do masochistic fantasies always represent self-punishing tendencies? Œdipal guilt is, of course, responsible for the regressive, symbolic displacement, yet this displacement does not have to serve self-punishing tendencies as well. The inhibited sexual cathexis of the forbidden object and the forbidden genital yearnings are discharged in a symbolically disguised fashion under conditions which retain enough resemblance to the original configurations to allow sexual excitement. Not even the cruelest masochistic fantasy can satisfy the guilt as it relates to repressed yearnings and impulses.

Assessing the role of guilt and self-punishment led Freud to an important conclusion. While stressing that the beating fantasy is a distortion of the feminine sexual role, he nevertheless proposed that masochistic attitudes develop from sadistic ones under the pressure of guilt. Earlier, he had described the devel-

opment of masochism from sadism as the result of two defensive processes: turning aggression against the self, and reaction-formation (9). It is, of course, well known that he changed his views in this respect after he introduced the concept of the death instinct (12). The existence and significance of these defensive processes are, of course, based on valid observations and represent important psychological discoveries. To avoid confusion, it must be noted that defense is something quite different from an instinctual drive, or from the component of an instinctual drive. If sadism and masochism are viewed in the framework of bisexuality, their independent roots, springing from the biological organization, cannot be overlooked. On the adult genital level the meaning of these component instincts have so changed that they no longer represent either inflicting or suffering pain, but merely the submitting, yielding, receptive role of the female, and the more active, assertive, domineering role of the male. From this point of view, the distorted sadomasochistic concepts of the phallic and œdipal phases have a progressive significance as they anticipate the adult sexual roles. In the assumption of these roles it is obvious that identification with the parent of the opposite sex is the one which is more apt to produce pathology.

If one agrees that sadism and masochism are sexual drives, how can we differentiate sadomasochistic from aggressive drives? This question has been raised by Bernfeld (2) and by Sterba (19). Bernfeld points out correctly that in all the drive derivatives we encounter in actions, fantasies, or symptoms we will be able to trace the derivatives of the sexual drive if we can prove that the fantasy or action in question was once connected with sexual excitement. Such proof can be convincingly adduced only in the analytic process as when, for example, during analysis sexual excitement is felt for the first time in response to a sadistic fantasy.

The study of the impact which the repressive process has on the complex aspects of the sexual drive is of great importance for the understanding of symptom-formation. In evaluating the



relative importance of the aggressive and sexual drives in symptom-formation, the power of the repressive process to disguise and displace sexual drives and their derivatives must be kept in mind.

Sexual fantasies, more specifically masturbatory fantasies, are the precursors of symptoms. Broadly speaking, there are two types of anamnesis. In one there is a clear causal relationship between sexual fantasies and neurotic symptomatology. In the other there are acute symptoms without any conscious memory of sexual fantasies charged with conflict during childhood, sometimes not even during adolescence. The first type is more readily understandable, though even our understanding of these cases is limited enough. In such cases, at least, we can localize the turning point of the balance of inner forces. As Freud so well described the sequence, some accidental experiences (traumatic events) compel repression of the fantasies, and this is followed by the appearance of the symptom (11). Later psychoanalytic developments in the understanding of ego psychology have required further study of this critical turning point. In the manifest sexual fantasies we can very clearly follow the defensive activities of the ego. These fantasies show us the minimal requirements which have to be fulfilled so that a masturbatory fantasy can be tolerated by the superego. In these fantasies can be studied the conditions which diminish castration anxiety. The fantasy itself guarantees an important reassurance to the ego because in it the ego is seemingly the master, can decide how far to go, and the individual can reassure himself with the knowledge that it is only a fantasy (5, 17).

Paradoxically, we often find that sexual fantasies are more inhibited than sexual activity. A homosexual patient could at times have coitus with a woman accompanied by genuine sexual excitement; yet he was incapable of having a heterosexual fantasy. These are problems of the delicate balance of ego control and mastery about which we understand little. Fantasy is a combination of primary and secondary processes. When freedom for active fantasy is fully inhibited, and when it is replaced

by symptoms, the primary process becomes predominant. If the ego loses its control, mental functioning becomes dreamlike.

Some clinical observations will illustrate the defenses in masturbatory fantasies. The masturbatory act and fantasy played a central role in a female patient's life and caused severe neurotic suffering. She dated its origin to her fifth or sixth year. In the fantasy, by behaving seductively, she was attacked genitally by a man, or sometimes by two men, who pulled at her clitoris. The fantasy and the accompanying masturbation caused tremendous guilt. This phallic sadomasochistic fantasy is only thinly disguised. The men are her father and her brother, represented as wild Cossacks or cruel oriental characters in an exotic setting. The penis is replaced by the hand, and the vagina by the clitoris.

Another female patient at the age of five or six developed a fantasy of being spanked. Soon the spanking was elaborated into being beaten by a whip, 'firm, like a riding whip'. The man who gave her the whipping had to be cruel. Interestingly the incestuous object, the beater, was only mildly disguised in the person of a paternal uncle. There was no conscious guilt connected with this fantasy. She was not aware of the sexual character of the fantasy, which had no connection with masturbation. The sexual feelings and the concomitant guilt were mobilized during analysis.

A third female patient intensely remembered pleasurable masturbation during her childhood but could recall no fantasies connected with it. The fantasy first became conscious after her marriage in which she could reach orgasm only by imagining that she was being teased, humiliated, and then raped by a cruel man. There were no feelings of guilt. She justified the fantasy by telling herself that she had to reach orgasm to please her husband and give him satisfaction.

These few examples will suffice to show the varying conditions which allow the discharge of repressed masochistic, œdipal fantasies. Generally speaking, the sadomasochistic fantasies of the phallic phase are accompanied by sexual excitement only if certain conditions dictated by the superego are fulfilled. The



object has to be disguised or displaced; otherwise the sexual character of the fantasies is repressed, or the masturbatory act has to be curbed. In some instances, the fantasy is isolated from the masturbatory act.

The clinical study<sup>1</sup> of a patient with an obsessive fear of killing a child provides another more complex example of the sadomasochistic fantasy. In this symptom the fantasy is so highly disguised and condensed that the attacker and the attacked coalesce. The child also represents the genitals, primarily the woman's (mother's) genital; yet the killing impulse is directed toward the male (father's penis). The anxiety may contain in addition the threat of self-injurious or suicidal impulses. The conditions for the development of the specific content of the obsession are not yet fully known.

Obsessive symptoms that alternate between attacking an external object and the self are sometimes interpreted in the literature as serving the need for self-punishment. Fenichel interprets the obsessions of male patients with injuring their penises as the direct expression of punishment for unconscious incestuous wishes (6). Such an obsession can nevertheless be purely a phallic-masochistic fantasy, an identification with the mother in the framework of the negative œdipus. Guilt is, of course, inherent in the symptom, for without a superego there would be no symptom; but the guilt is differently localized. Withdrawal of sexual cathexis, displacement, symbolic disguise are all essential elements of every neurotic symptom resulting from œdipal guilt (1, 15).

In the course of the analytic process, the symptom becomes accentuated when in the transference sadomasochistic fantasies are activated. The sexual cathexis invested in these fantasies is correspondingly intensified and repression ensues. Dreams at such times are most instructive. In them the various symbolic displacements succeed one another in quick succession. At times in the same dream the symbol changes into the symbolized, for instance, child into genital, or conversely.

<sup>1</sup> In collaboration with David L. Rubinfine (14).

A patient in analysis reported that, while reading a story in which a man was decapitated, he reacted with an erection. Sadistic feelings in this patient were usually intensely repressed. In a state of depression he came close to suicide by driving his car recklessly until he wrecked it. His depression culminated in an outburst of rage and despair in which the aggression was turned against the self. He had no conscious awareness of the object of his aggression although his transference and his memories clearly identified his father as the original object. The aggressive outbursts were reactions to the feeling of being rejected by the father and to a feeling of helplessness in competition with him. The unconscious core of the competitive struggle was of course œdipal. The reckless driving was a symbolic representation of primal scene fantasies. He had had fantasies as a child of being beaten by men in tight-fitting uniforms. His dreams depicted his mother as having a wound, either on her hand or her foot, and subsequently in the dream his mother's wound became his. Clearly the aggressive and sexual drives are turned against the self. In wrecking the car, as in other highly emotionally charged crises, they appear simultaneously but are not fused; and, whereas the aggression is openly expressed in rage, the sexual drive remains repressed.

Aggressive fantasies come readily to consciousness whereas sadistic ones remain repressed. If sadism be considered a fusion of aggressive and sexual drives, one has to postulate defusion of the two drives. If, however, sadism is considered to be an aspect of the sexual drive, which is the viewpoint of this paper, its role in the conflicts and symptoms of neurosis has to be followed separately from the vicissitudes of the aggressive drive. Of the two, the sexual drive is more decisive in the formation of symptoms. This view is supported by the unique connection between the symbolic process and the sexual drive. Only the sexual drive seems to be able to propel the tremendous variety of symbolic displacements and disguises which enter into symptom-formation. There is also a unique connection between the sex-



ual drive and the mechanism of repression. Repression, in its dual aspect as withdrawal of cathexis and the return of the repressed in a displaced and disguised form, has a closer relation to the sexual drive, and yet there does not seem to be such a relationship between repression and the aggressive drive.

Among the complex aspects of the sexual drive, the sadomasochistic drive patterns of the phallic phase have an especially important role in the genesis of symptoms. If the œdipus complex is the nuclear complex of the neurosis, the sadomasochistic drive patterns represent the nucleoli of this nucleus. The œdipus complex is, of course, not pathological but a universal human developmental event. It is nevertheless a crucial period from which pathological as well as normal structural changes readily evolve.

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# THE ROLE OF 'AS IF' IN NEUROSIS

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Freud believed that a gratification degraded to a substitute is a symptom (19). This formula may be modified to state that in neurosis a meaning is presented by the ego in a disguised form. The present paper speculates about a factor additional to the familiar conflict and fixations that contribute to the formation of neurosis. This factor is the 'faulty thinking' referred to by Freud in describing the psychic processes in wit, comedy, and humor (20). Such faulty thinking also operates in neurosis; it does so by means of a state of the ego which I call the 'as if' ego state.

Vaihinger found that 'appearance, the consciously false, plays an enormous part in science, in world philosophies, and in life' (28, 33). By his 'as if' Vaihinger means a conscious state whereas I mean an unconscious 'as if' attitude. Otto Sperling refers to Vaihinger when he writes that 'an illusion is naïve if the deception either of the senses of the mind is complete and not contradicted. If, however, the illusion is entertained only to a limited degree and for a limited time, and the ability to recognize that it is an illusion is retained, the illusion . . . is a controlled illusion' (31). Both Sperling and Vaihinger refer to a conscious 'as if' attitude. Helene Deutsch used the term 'as if' in a way different from both Vaihinger's and mine to describe the personality of patients who lack genuine feeling in object relations (5). In 1951 I pointed out that orgasm may occur at the peak of anxiety dreams, dreams of drudgery, masochistic punishment dreams, examination dreams, masochistic masturbatory fan-

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tasies, and situations in waking life in which examinations are taken (7). In these cases it appears as if the painful affect causes orgasm, but in actual fact a forbidden and repressed sexual drive uses the painful affect as a shield in order to make orgasmic discharge possible. A few examples will illustrate other uses of this mechanism.

A young married woman was referred because of dangerous anorexia and excruciating pains in the neck. Her husband twenty years her senior had, after a few years of happy marriage, become ill. The burden of nursing him fell completely on her shoulders. Though they could have hired a permanent nurse, she was so full of love and gratitude that she remained with him day and night, without relaxation or social life. From the beginning of the marriage the husband's sexual potency had waned until he had become unable to satisfy her sexual desires. Though she was uncomplaining, she gradually lost her appetite and became unable to retain food; she was emaciated and close to death. She also developed pains in her neck which completely absorbed her mind rendering her unable to nurse her sick husband. Another person had to take over his care, but when for a brief time she felt better she again devoted herself to him.

In the first period of her analysis she described both her devotion to her husband and her sufferings. Later she spoke more of her own sufferings and frustrations; how her youth was wasted, how little she had of what a young woman expects of married life, and at one point pacing the floor, she burst out with charges against her husband, saying, 'He is a pain in the neck!'. She immediately realized the application of this sentence and also became aware that it was her situation she could not 'stomach'. The pains disappeared, she regained her appetite and much of her weight, and worked out a better plan of life for herself.

The explanation of this patient's neurosis seems simple. But why did the patient permit herself to behave as if her complaints were due to a physical condition rather than to her grave life



situation? Why could she not become aware herself of what she learned through treatment? What kind of ego state unconsciously accepts, under pressure of conscience and social demands, such a travesty of truth, such 'faulty thinking'? I assume that a specific 'as if' ego state is responsible.

A man was tormented by the obsessive thoughts that he might kill a defenseless child, jump from a high window, run away from the barber with only half his hair cut, and similar ideas. He was afraid to be alone lest he lose control and do something 'crazy', though he never did. He felt that he must be with another person who would control him should he do something 'terrible'. He had no actual impulse to kill or to do anything unreasonable, but he was afraid that, having such an alien thought, he might put it into action, and could not trust himself. Analysis showed that he had strong submissive tendencies, to the point of assuming a passive-feminine role as a defense against dangers coming from strong and (as he thought) aggressive persons. On several occasions he had had a seminal discharge in situations in which he was confronted with apparently threatening persons or inanimate obstacles. Such a defense could not be accepted by the conscious part of the ego because it meant giving up his masculinity. The fear that he might not be able to control this drive (and an objectionable orgasm) caused him instead to manufacture thoughts which he could not control.

This patient, too, behaved as if his trouble were the obsessive thoughts whereas it was really something else. Here again there must be a specific 'as if' ego state responsible for such a 'degradation of a satisfaction to a substitute'.

An otherwise potent, recently married young man was often seized by a desire to masturbate with a fantasy of 'slaughter play' with a woman other than his wife. He remembered that he had played such a game with his sister in his adolescence. She would get down on all fours, and he would ride on her back with a knife in his hand, pretending that he would slaughter her. She

consented to this play because it stimulated her sexually, as it did the patient riding on her back, rubbing his genitals on her body. Though the patient initiated the play for sexual stimulation, he nevertheless behaved as if it were only a game; a remarkable accomplishment of the ego. This case illustrates the difference between 'make believe' and 'as if'. The slaughter game was a mutual 'make believe', but when in his masturbatory fantasy the patient used an object other than his sister, it was an 'as if'. In brief, if the 'make believe' is unconscious I should call it 'as if'.

There is no need to present more clinical examples because, if this formulation is correct, in every neurosis an 'as if' exists in the ego. Let us consider the nature and origin of this state of the ego.

In describing development of the superego, Freud suggested that the internalized superego, as a system, is preceded by an 'original infantile stage of conscience' bearing the features of parental threats (18). The 'as if' ego state we are discussing must lie between this 'infantile stage of conscience' and the fully developed superego. Freud's suggestion was developed by Imré Hermann who distinguishes between the 'pseudo-superego' and the 'true superego' (21, 22, 23). His 'pseudo-superego' seems to be identical with Freud's 'original infantile stage of conscience' but is more elaborate. It is based on external threats but also shows the influence of the group; it follows and obeys the demands of the group with no consideration as to whether an ethical principle is involved and shows no regard for right or wrong. This 'pseudo-superego' has, I believe, influenced humanity from time immemorial and is responsible for the tragic confusion, corruption, and irrational actions of mankind. It is unable to control, handle, or transform rationally the innate drives emphasized by Freud. Hermann's 'true superego' is identical with Freud's superego; it obeys internalized invisible principles instead of the threatening external and visible members of the group and their demands. The 'pseudo-superego', in my opinion,



tends to accept the 'as if' ego attitude; it is the ego of the pseudo-superego. I suggest that the 'faulty thinking' much emphasized by Freud in reference to wit, comedy, and humor is due to such an internalized 'as if' ego state. In wit, especially, we permit ourselves to make use of and even to enjoy such an 'as if' attitude (12).

Some analytic writers and others have expressed similar though not identical ideas. Johnson and Szurek writing about delinquent children and adult psychopathic personalities use the phrase 'superego lacunae'. They find that in these persons, though the superego is not weak, there are defects which lead to delinquency; these lacunae originate from similar lacunae in the parents which are acquired from their own parents (25). Seidenberg found these superego lacunae in a patient with learning difficulties (29). Jacobson writes about an 'as if' type of schizophrenic patient (24). Bartemeier mentions a patient who in his opinion belonged to the type of 'as if' described by Helene Deutsch (3). Eidelberg writes about 'pseudo-identification' when 'the subject accepts opinions of his own which he has projected onto someone else' (6), and Agoston of a type of 'pseudo-personality' (1). Alexander writes about the 'corruptibility of the superego', the feeling that if one has done something good, one is permitted to do something bad (2), and Katan describes 'ego-distortion' due to conflicts caused by early traumas (27).

Many literary devices resemble this 'as if' state; a precursor of it appears in metaphor, parable, simile, allegory, and comparison, and it is basic in drama. In these devices it is not unconscious, whereas in certain games and rituals, and in neurosis, the 'as if' is entirely unconscious. *Metaphor* (26, 32, 34) is often used by our patients: the man who complains that he 'cannot get warmed up with strangers' means the expression figuratively but it may be traceable to its literal source; a mother who gave her son little love and physical contact but had affairs with strangers. Another patient said, as if using a figure of speech, 'They got me by the balls', but in actuality this expression of his castration anxiety was more than figurative. The patient de-

scribed above who complained of pain in the neck referred to the conversion of a metaphor into a symptom, a process resembling hysterical conversion.

*Parable* expresses an idea by a plastic allusion, in *allegory* there is 'prolonged metaphor' (according to Webster), and *comparison* expresses situation, sensation, or affect in plastic form—as when, for example, a person says, 'I am beside myself', presenting a visual image of the self-observant part of his own ego (14). The excessive use of comparisons by patients is a sign of resistance against expressing a state of mind in words because to do so would end repression. In therapy this tendency must be analyzed and changed (13, 16). *Symbols* show the 'as if' ego state only when their meaning is unconscious as, for example, the meaning of an animal such as a snake is unknown to the sufferer from an animal phobia (4, 15, 17, 30).

In *play* the fantasy is conscious but derives energy from unconscious drives; it therefore shows the 'as if' ego state. Religious *ritual* strongly contributes to the 'as if' state (8, 10, 11), and *hypocrisy*—seen so often in the child who pretends to be solicitous for a younger sister toward whom he is in truth far from charitable—is evidence that its user is in an 'as if' ego state, provided that he is unaware of his hypocrisy.

The most pernicious effect of the 'as if' ego state in clinical work is *rationalization*. Cure of the neurotic is practically impossible if rationalizations are not recognized, analyzed, and removed. Rationalization is an attempt to justify the denial of truth. For example, a patient reported that a virgin had offered herself to him for sexual intercourse; he said that he had refused her because his conscience would not allow his having sexual relations with a virgin whom he would not marry. Only, he said, if some other man took away the girl's virginity, could he feel innocent in having the pleasure of intercourse with her, for then 'what difference would it make . . .?'. The patient was deceiving himself. He knew full well that the wrong-doing of another man would not give him license to do the same. His



conscience was overwhelmed by the 'as if' ego state, a situation that must be recognized and removed.

Another patient first came to me with her husband, refusing to enter my office without him as she could not tolerate being separated from him for even a second. She told how, a few months ago, she had heard that prowlers were around women's homes and had suddenly feared that this might happen to her and she might be harmed. She could not thereafter let her husband leave her alone to go to work. She believed her condition to be caused by her fears and sufferings under the Nazis in Germany and even because of nightmares in New York. In our interview, however, she gradually understood what was wrong: her life in this country was less gay than it formerly had been in Germany, and her husband recently had become impotent; it was her fantasies about sexual life with other men, with prowlers, that caused her phobia. She needed the objectivity of the therapist to be able to throw off the 'as if' state of the ego and be aware of what was really troubling her.

The strongest opposition to the 'as if' ego is offered by the 'true superego' (21, 22, 23) which does not tolerate rationalizations or 'corruptibility of the superego' (2). The struggle between the two is illustrated by a patient with compulsive rituals and phobias. A wealthy man much involved in financial transactions never felt secure about anything, especially money. He made loans to people who could get credit nowhere else, at usurious rates. He felt uneasy about this practice, but silenced his self-criticism by the rationalization that he was essentially helping these men, that his money was in jeopardy, and that he gave his money to charity. The rationalization did not help. His true superego haunted him and created symptoms.

The 'as if' invades the psychodynamics of wit and, to a lesser degree, of comedy and humor (12). A Hungarian joke ridicules the aristocrat whose high birth makes intelligence unnecessary: such a man tells a friend how he met a bearded man who claimed that he had been the narrator's friend in grammar school; 'But', says the aristocrat, 'I told him that I don't recall

that I had a bearded classmate in grammar school'. We enjoy the joke as if such stupidity were possible though we know that it is not.

Our everyday life is so pervaded by 'as if's' that one wonders whether without this device we could live in society. Ladies wear low-cut dresses so that men may glimpse the attractive uncovered parts of their bodies but the men must behave as if they do not notice. Parents conceal true reasons from their children, saying, for example, that the child is now too big to continue to visit their bed; they behave as if there is no need to explain further.

The 'as if' ego state originates before speech, at a time when contact with the external world is made only directly through the senses. To this sense perception and sense orientation to the external world is later added speech, which uses abstractions instead of sensations. We know from Freud that an overcathexis of libido is necessary for this change. The sense orientation is plastic, dimensional, global, and—this is its main characteristic—quick and brief. Mankind seems still to prefer this global orientation and to use only reluctantly the wonderful tool of language for the expression of feelings and thoughts. Not only in dreams, but in waking life too, we like to adhere to or regress to this mode of expression. The same is true in neurosis; instead of expressing a problem or a conflict in words, we express them either 'autoplastically' or symbolically (17); the psychological problem is presented in terms of the primary sense orientations. This prepares the way for the establishment of the 'as if' ego state.

The patient with the pain in the neck expressed her total life situation and her current problems with one short sensation instead of in abstract thought with words. After all, it is expression in words that we want to achieve in psychoanalytic treatment: to teach the patient to abandon the 'as if' for the 'not as if', for the real. Against emotions we want the patient to be able to control we have one powerful weapon—the transformation of



emotions and sensations into properly chosen and expressed words and thoughts.

An even earlier source in the genesis of the 'as if' ego state is the oral stage of libido development. We have evidence that there are babies who suck their thumbs in their intrauterine existence. A great number of children suck their thumbs, or if they do not, they find substitute actions. The infant behaves when thumb-sucking as if his thumb were part of the mother's body. In Hungary when one disbelieves a story one says, 'He sucked it out of his thumb', which refers to an illusionary state. Thumb-sucking (and its derivatives and substitutes) is the libidinous continuance of daydreaming and a major source of the establishment of the 'as if' ego state.

These two sources are re-enforced in the anal phase of libido development. The child's 'global orientation' has prepared him to consider the fecal column as if it were another organ of his body, a phallus. A three-year-old boy, when his father flushed the boy's feces down the toilet, had a tantrum, explaining 'It is my penis'. The boy behaved as if the feces were his genitals; their removal was like castration. In the phallic phase the girl's lack of a penis is denied. The fetishist behaves as if the penis exists in women. For example, the glasses worn by a woman are perceived as if they were a phallus. In certain types of homosexuality in males the penis is considered as if it were the female breast. The strongest re-enforcement of the 'as if' state takes place in the oedipal phase. Sons resign themselves to not having or using an erection with mother; they behave as if they were castrated although actually they are not. Women behave as if a child were a penis; actually it is not.

The 'as if' is there from time immemorial; it has been handed down from one generation to the next. It invades all manifestations of human life, normal and pathological. If it is used consciously it need not be eliminated and any attempt to remove it must fail. But if it is and remains unconscious it participates to a great extent in pathological mental processes. In psychoanalytic therapy we must use every opportunity to analyze and

remove it. This makes therapy more effective. In this sense we may define the purpose of therapy: *to change the unconscious 'as if' into a conscious 'as if'*. In doing this we increase the maturity of the ego and its resistance to regression and to dominance by the primary processes. This therapeutic work takes place in the territory of the preconscious. A rational preconscious system does not tolerate a neurosis, does not lend itself to illusions, and deals maturely with the problems that inevitably arise.

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# THE EROTIC TRANSFERENCE

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The delicate subject of love, sexual and sublimated in the transference and countertransference, has been treated very little since Freud's *Transference Love* (2). This, one of his favorite essays, is perhaps not so assiduously taught and studied as it deserves, considering its practical importance for both analyst and patient. Because some excellent analysts of unquestioned integrity have had difficulties with the erotic transference, these observations are made in the hope that they will prove useful.

The analytic situation taxes the maturity of the analyst; it is highly charged emotionally, as it constantly deals with the deepest and strongest feelings of the patient. Freud compared the effects on the analyst with X-rays. The analyst must have a proper balance between sympathetic identification with the patient, without which he cannot understand him, and full, effective objectivity, without which he cannot do the professional, scientific, therapeutic job. Toward some patients this is not a difficult countertransference, because the patient's combination of expression and repression, of insight coupled with detachment, evokes a similar balance in the analyst. But extreme transference feelings sometimes arouse less modulated countertransference responses. When the patient's hostility to the analyst takes a very overtly provocative form, or when a patient is excessively demanding, most analysts will probably notice some reactions to this in themselves.

Another type of transference familiar to analysts occurs when a young woman in full sexual vigor has sexuality as a major channel of expression for her receptive desires and active impulses. One girl, under pressure of feelings, gets headaches, another scrubs the house, another overeats, and so on—and another seeks release through heterosexuality. The following vignette from one such case may serve as an example. The girl's parents were always rather distant emotionally. She was uncon-



sciously deeply resentful, but this hostility toward her parents was repressed for fear of even more coldness from them. Her frustrated needs for love and closeness and her slow-burning resentment she seeks to quench through falling in love with older men and having dead-end sexual affairs with them. Sex is her chief pathway of expression, satisfaction, and release of tensions of all sorts. When such a girl is in analysis, her transference feelings toward the analyst are naturally so channeled. The full heat of her strongest feelings, hostile as well as libidinal, seeks satisfaction through demands for love and sex from the analyst.

Such considerations as these help us to understand how Ferenczi was tempted to experiment with the therapeutic effects of acting the part of the mother toward a deprived child by limited expressions of affection. He was nearly seventy years of age at the time. Freud, although he was interested in sound experimentation, of course saw the folly of this and gently pointed it out (4). However, he did not, to my knowledge, publish anything to explain the psychodynamic reasons why it is folly. There are at least four such reasons, any single one of which is, of itself, conclusive.

The first reason is that the patient must not be encouraged, even in the most minute degree, into a blind alley into which she is pushing herself too far already. She craves gratification for her sexual and dependent needs for love. If she could obtain this in real life, she would not crave it from the analyst, would not seek it in a professional situation. If she cannot find reasonable gratification in life this probably means, in our culture at least and biologically at most, failure to mate satisfactorily, to make a good, workable marriage; and this failure is probably caused by inhibition or masochism which, consciously or unconsciously, she wants the analyst to reduce. In other words, she looks for the gratification in the physician's office that she has been unable to obtain in life because of her inner difficulties. The analyst must help her find the satisfaction in real life by removing the inner blocks.

It might be hypothesized that the analyst can crash through the inner blocks by himself showing love directly; but both experience and theory prove this notion invalid. How often does one see a patient who has been frustrated and deprived since childhood referred to a warm, giving therapist only to develop intense, frustrated transference feelings which precisely repeat the childhood pattern toward the depriving parents and which must be accurately and thoroughly analyzed lest the patient become even more frustrated, even more in the grip of the childhood pattern. Also, the rage and guilt can pile up and increase the depression or other symptoms (6). Thus the patient will be helped in the long run only by effective analytic treatment, by diminishing the internal problem,—not by giving love. This does not mean that a warm, giving therapist may not for certain patients, or even generally, provide a better counter-transference setting than would a colder, more distant analyst. It does mean that warmth alone does not dissolve the childhood emotional pattern which keeps the patient frustrated for internal reasons.

The same thing is seen in life. To take a simple and common example, a girl was the youngest of many children. She was another mouth to feed. The parents by this time were tired, their hopes for themselves were fading, they were becoming embittered, hostile, impatient. The older children, especially the boys, could pitch in and help, the new baby could give nothing and only demand. So this baby grew up feeling rejected, neglected, deprived, and jealous of her older brothers. She is pretty and is hungry for love and marries a man who, whatever else may be in his character, is most devoted to her. At first she basks in this love and attention. But inevitably in a few years her childhood pattern emerges. She feels toward him as she did during childhood toward her parents and older brothers: as though he does not love her enough, prefers his work, and gets more recognition and appreciation in life than she. In time her repressed hostilities press through in disguised, and then in open, reproaches to the husband. He tries everything, but still she is



depressed, irritable, unhappy, frustrated. He therefore begins to get depressed himself and finally she unconsciously repeats her pattern by getting him in fact to withdraw his love and reject her. The marriage may end, or else continue for the sake of the children, but with this tragic relationship worsening or stalemated. Every analyst can think of many such cases. They show that real love in real life cannot overcome the inner causes of frustration any more than attempts to satisfy a patient's love needs in the transference can. For the needs of the adult to be loved are based upon the needs of the child toward his parents, the original dependent love needs of the child from his mother, which groove the channel through which the adult's needs for love and sexual satisfaction flow.

This brings us to a second major reason why such attempts in the transference relationship must fail. The essence of the transference is repetition to the analyst of the emotional patterns toward the parents, especially of those parts of the pattern that persist and cause the patient's present difficulties. The basis of analytic treatment, as Freud put it, is the correction by 'after-education' of the results of the 'parental blunders' (3). Thus it is true that the analyst seeks to correct the patient's feeling of being deprived by the parents through allowing the patient, now no longer a child, to repeat these patterns toward himself, feeling toward the analyst as he used to feel toward his parents and toward other significant figures in the family. By its very nature, therefore, the transference is incestuous. The kind of love the child requires is solicitude for his well-being, not anything unsublimatedly sexual. Of course the adult woman eroticizes the transference and may have direct genital sexual desires—may 'fall in love with her analyst'—but to her unconscious this is the child's wish for the good parent, and the analytic task is to correct the images of the parents whose faults have produced the present plight. Hence to the patient's unconscious any unsublimated sexual gesture is like a similar gesture by a parent toward a very small child. What the analyst treats in the adult patient is the small child who lives on in him and

to such an amazing degree lives his life for him. The analyst, appearing as the parent figure to the patient's unconscious, to the little child in the patient, attracts in all their power the small child's basic biological needs for parental love, for that love which is his only guarantee of survival. Any sexual element, however appealing to the patient's mature ego, can only be a threat to the small child within. Analysts know too well the emotional warpings caused in children by sexually seductive or abusive parents.

Of course all adult sexual love follows *to some extent* the childhood patterns of love needs and loving toward parents and other family members. But that 'extent', the quantitative factor, is critical. The satisfactory loved one, the mate chosen for a stable, satisfying marriage usually in part resembles a parent or sibling or other figure of childhood, but also is in part different, enough different to be not incestuous but exogamic. (When spouse and marital home become too much like parent and parental home, the persons usually look outward, as they did in their parental home, for some such exogamic sexual object, and infidelity occurs in fantasy if not in reality.) Other powerful unconscious factors in choosing a spouse are similarity of childhood patterns and the way in which these fit together,—the generosity of one partner corresponding to the receptiveness of the other, for example.

A third major reason why any hint of unsublimated expression can only hamper and not help therapy is its effect in intensifying the patient's involvement in the transference. Not only will such intensification of the transference harm the patient by attracting the patient's interests and efforts to find satisfaction away from real life, where they belong, in the analysis; besides this, any intensification of the transference makes the analysis of it, which is at best the most difficult as well as most effective part of treatment, immeasurably more difficult if not impossible.

A fourth reason lies in the often deeply repressed hostility and guilt, which are probably always hidden behind, but in-



trinsic to, the sexual desires toward the analyst. Freud began with explorations of sexuality but lived long enough to formulate hostility as the primary, if not sole, cause of guilt (1), coequal with eros in neuroses and in human feelings and living. The analyst may see clearly the sexual desires and love needs, but let him not for an instant doubt that behind them, behind what the patient may frankly, even flagrantly express, there will lurk hostility and guilt. It cannot be otherwise. The frustration inevitably stimulates anger and resentment and these produce guilt and masochism. This pattern was formed in childhood, continues in life, and repeats itself in the transference. The hostility is an intrinsic part of it. Were it not for the repressed hostility, there would be no guilt and little or none of the masochism which makes the patient unconsciously keep herself frustrated in life and which she comes to the analyst to cure or alleviate. (The reader will readily understand that the preceding discussion does not imply that positive feelings cannot be genuine or that expressions of them are necessarily mendacious.)

Therefore, let the analyst beware. In the face of sexual love needs, let him recall the Lorelei and Delilah and the many other beauties who have revealed that appearance need not be reality, that what the patient puts forward may mask the opposite, and in fact regularly does so; and if the analyst is tempted to follow Ferenczi in experimenting with eros, let him be certain that as surely as any patient comes to him for help, no matter how obvious eros may be, hostility is the inevitable middle link. Hostility arises from dependence and weakness and libidinal frustrations, and repressed, is an essential force in producing the symptoms. This is so because it is part of a primitive biological mechanism of adaptation, the fight-flight reaction. If it is carefully and effectively analyzed and reduced at its sources, the guilt and masochism will be diminished and the patient will be helped in a truly analytic, fundamental, causal fashion, toward getting the real love and sexual satisfaction in real life in satisfactory marriage. If the fight-flight, the hostility

and regression, are not effectively analyzed, the patient will not be basically helped. Experimentations with eros such as Ferenczi tried can only be traumatic, as Freud pointed out. It is one of the great imperfections and ironies of human life that although the physical expression of love is one of life's culminations, yet people are so full of hostility, engendered by almost universally faulty upbringing, that there is always the threat of the latent hostility.

### SUMMARY

At least four fundamentals, based on both experience and theory, must be borne in mind in connection with the erotic transference:

1. A patient seeking satisfaction in the professional situation is, of course, in a blind alley and the analyst can only help the patient find satisfactions in real life.
2. The transference is in its essence infantile and incestuous; it expresses the longings of the small child for such love as is entirely and unselfishly interested in his welfare, in his good relationships with family members and in his proper maturing; sexual elements are therefore threatening and causative of conflict in the transference as they were in childhood toward parents.
3. The basis of analytic treatment is the analysis of the transference, which is difficult enough for both analyst and analysand and must be kept as little intensified and as uncomplicated as possible.
4. Hostility and guilt are invariably associated with the frustrated love needs; were it otherwise, these needs would have found satisfactions in real life and the patient would not have come for help.

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# ON THE RELATIONSHIP BETWEEN PSYCHOANALYSIS AND THE PHILOSOPHY OF MIND

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## I

*The intention of this project is to furnish us with a psychology which shall be a natural science: its aim, that is, is to represent psychical processes as quantitatively determined states of specifiable material particles and so to make them plain and void of contradictions (7).*

Most theoreticians of psychoanalysis are in substantial agreement that 'mental phenomena' form the subject matter of their science. In fact, while 'mental' can be interpreted in more than one way (22), psychoanalytic writers on the subject would further explicate their point of view by identifying 'introspection and empathy' as their fundamental investigative tools.<sup>1</sup>

Kohut has recently written a very thoughtful analysis of psychoanalytic theorizing within this frame of reference, in which he states: 'We designate phenomena as mental, psychic, or psychological if our mode of observation includes introspection and empathy as an essential constituent. The term "essential" in this context expresses (a) the fact that introspection or empathy can never be absent from psychological observation, and (b) that it may be present alone' (12, p. 462).<sup>2</sup>

While this shared viewpoint in psychoanalysis would seem on the surface open to no objection on logical grounds alone, a closer look brings the realization that, in fact, objections of

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<sup>1</sup> Although the present discussion uses psychoanalysis as the paradigm of an introspective psychology in order to make certain points concerning the possibility of such a psychology, we could equally well refer to any introspective psychology to deal with the matters under question.

<sup>2</sup> Kohut's reply to objections about his statement that introspection may be present alone is his citation of the body of clinical facts present in psychoanalysis through self-analysis; e.g. in Freud's *Traumdeutung*.



the most fundamental kind have been made to this statement of the methodology of psychology and of psychoanalysis. That these opponents of introspection have drawn sustenance from the very fount of psychoanalytic theory, i.e., the work of Freud, only adds to the significance of their case.

What is referred to here might roughly be called 'behaviorism', but to take this label too seriously and to fail to note that what can be grouped together under it includes the most divergent sorts of theorizing, would be to mistake what Wittgenstein called a 'family resemblance' for a unified whole.

Professor Gilbert Ryle, one of the leading exponents of what has been called 'linguistic philosophy', has the following to say about what ought to be the subject matter of psychology: 'Those human actions and reactions, those spoken and unspoken utterances, those tones of voice, facial expressions and gestures, which have always been the data of all the other students of men, have, after all, been the right and the only manifestations to study. They and they alone have merited, but fortunately not received, the grandiose title "mental phenomena"' (22, pp. 320-321).

This statement certainly has a Watsonian ring, but the sort of argument which lies back of it would, I believe, seem most peculiar to the average laboratory psychologist of behaviorist persuasion. The tone of Ryle's work in general (22, 23), which is based on a rather otiose analysis of 'ordinary' language and which seeks to draw from it, as shown above, surprising conclusions, has earned it a remarkable currency. Ryle has, however, not gone unscathed in modern philosophical warfare. In a remarkably trenchant book (8), Ernest Gellner has carefully dissected the superfluous verbiage from the intellectual skeleton of 'linguistic' philosophy and has shown it to rest on what Russell calls the 'fundamental dogma . . . that common speech is sacrosanct, and that it is impious to suppose it capable of improvement' (21).<sup>3</sup>

The logical positivist school has not been silent in this attack

<sup>3</sup> For an excellent refutation of Ryle's *The Concept of Mind* in terms more its own than Gellner's work, see Wright (27).

on introspectionist psychology. The doctrine of 'physicalism', put forth by such eminent thinkers as Rudolf Carnap (3) and Herbert Feigl (4, 5), finds recent expression in a statement by Feigl that, 'future scientific developments may be expected to couch . . . concepts [such as] . . . unconscious wishes, urges or conflicts as postulated by such "depth psychologies" as psychoanalysis . . . much more fruitfully in the language of neurophysiology and endocrinology' (5, p. 33). This certainly reminds one of some of the earlier statements of Freud on the relation of 'mental' to 'physical' phenomena (7), and is still heard today with remarkable frequency, being promulgated as the foundation of the future program for 'behavioral science'.<sup>4</sup>

Herbert Feigl's current view (4, 5) is essentially that 'raw feels' are 'neural events'. 'An essential part of the justification of [this] philosophical monism', he states, 'depends upon empirical, scientific assumptions' (4, p. 482). This formulation is highly questionable on at least two counts. First, this 'monism' is fundamentally a metaphysical idea.<sup>5</sup> The notion that what is thought to be 'mind stuff' is *really* 'matter' goes back at least to the pre-Socratics. That Feigl, who was formerly associated with the Vienna Circle, has abandoned even a moderate form of the verifiability theory of meaning, to return once more to a con-

<sup>4</sup> The term 'behavioral science', which has become so popular of late and has given, unfortunately, some comfort to behaviorists, has a rather humorous origin. James G. Miller tells how his group in Chicago invented the term because of its 'neutral' character and 'because we foresaw a possibility of some day seeking to obtain financial support from persons who might confound social science with socialism' (15, p. 29).

<sup>5</sup> 'Metaphysical' is used here to refer to those doctrines which, for reasons intrinsic to their formulation, can never be subject to empirical test, and can therefore never be 'falsified', to use Popper's term (18). It therefore applies to those statements which fall outside the province of empirical science. However, in my view, we must exempt two types of 'nonempirical or nonfalsifiable knowledge' from this somewhat value-laden category: 1, logical or purely analytical inquiry, and 2, that sort of inquiry which examines the fundamental ground of all knowledge, of which this paper, as well as the work of many of the philosophers considered in it, claims to be an example. I should prefer to call this sort of inquiry by its traditional name 'epistemology'. That would leave only what has been called 'ontology' (the 'science of being') to bear the burden of the label 'metaphysical', with its current, adverse connotation, largely derived from positivism.



cern with modes of being can only be a testimony to the seductive nature of ontological preoccupations. In the second place, the notion that this sort of a (metaphysical) question can be solved by a scientific inquiry involves a somewhat naïve view of what kind of issues are involved. What sort of empirical data could shed light on Feigl's doctrine that substantial incorporeality does not *exist* but is really substantial corporeality I cannot imagine, but I am inclined to maintain that it is certainly not the kind of neurophysiological research Professor Feigl apparently has in mind.

Brain research is of the utmost importance, and there can be no justification in any attempt to deny its possible value in helping us understand what we now call 'mental illness'. For as Freud recognized, some of the 'mental illnesses' we see clinically may well be found to be diseases of the brain, i.e., their existence may be fruitfully correlated with certain unusual features in the structure and physiology of the central nervous system. However, the possibility suggested by Feigl, that brain research can function as a solvent of purely logical and epistemological puzzles, seems to me to be nil.

I hope I do not overstress the obvious by saying that, if we are to take Kohut's definition of the essence of the analytic method seriously, this 'physicalistic' program is, in effect, a program for the *dissolution of psychoanalysis*. It would lead to the total replacement of psychological data and theory with the data and theory of physiology, i.e., 'physics'. I am not sure whether those analysts who flirt with 'physiological' conceptualizations of analytic hypotheses realize that, to some extent at least, they buy into a system the data of which is collected in a form altogether alien to that of their own science, and thereby throw a shadow over the validity of the work—i.e., introspective and empathic—in which they actually are engaged.

Surely there can be no logical objection to the formulation of correlations between the psychological and the physiological realm. However, all too frequently purely psychological hypotheses, i.e., those developed through the mode of observation

characterized by introspection and empathy, have been couched in biological terms. The classic example in psychoanalysis is, of course, the dual instinct theory.

## II

*It is clear that everything new that we deduce [about the real state of things] must nevertheless be translated back into the language of our perceptions, from which it is simply impossible for us to set ourselves free (6).*

A view which is extremely widespread today is that somehow the methods of physics, i.e., those based on the 'observation' of 'physical data' are in some way fundamentally more valid than those of psychology (as Kohut has defined it), i.e., those based on the 'observation' of 'private data'. This view, like Feigl's, is very likely connected with the great advances which have recently been made by neurological research. It appears in extreme form as the denial to psychology of any validity whatsoever.

We are indebted, in my view, to Bertrand Russell for having made an end to these absurdities on the basis of a brilliant epistemological analysis. Briefly stated, his position is that 'Whatever we know without inference is mental, and . . . the physical world is only known as regards certain abstract features of its space-time structure—features which, because of their abstractness, do not suffice to show whether the physical world is or is not different in intrinsic character from the world of mind' (20, p. 224).

It has been argued by some writers that because we are able to manipulate certain areas in the brain during surgical procedures and then receive a report from the patient that he felt or perceived or remembered something, it is proved that thoughts are material events in the brain. However, as Russell remarked, 'The fallacy . . . consists in supposing that a man can see matter. Not even the ablest physiologist can perform this feat. His percept when he looks at a brain is an event in his own mind, and has only a causal connection with the brain that he fancies he is seeing' (20, p. 229).



Fundamentally, therefore, there is no way by which we may decisively escape from the private theater of our own sensations, feelings, and ideas. All our inquiry, from our earliest ego experiences to the most complex empirical research, is an attempt to order our sensations. We proceed, in all our seeking for knowledge—both of a ‘common-sense’ and of a ‘scientific’ variety—by one basic method, which has been called, in its latter context, the ‘scientific’ method. But a unified theory of knowledge, which I advocate here, implies that the ‘hypothetico-deductive’ method, which proceeds by inferences from sensations to non-sensed entities and then attempts to test the usefulness of these entities by attempting to verify and falsify them, applies to *all* forms of knowing.<sup>6</sup> As Ernest Nagel has said, ‘I think that the logical character of the evidence for “common-sense” propositions differs only in degree from the evidence for the theories of science . . .’ (16, p. 203).<sup>7</sup>

What we traditionally call ‘mental events’ are what have been called sense-data, but they also include the hypothetical ideas we formulate to order these sense-data in a manageable or meaningful fashion.<sup>8</sup> I am not sure that I would advocate a ‘pure’ sense-data theory, but for the purposes of this discussion we need not attempt to bring closure to that issue. What I wish to point out here is that our ‘private data’ are epistemologically prior to our knowledge of the existence of the external world, or of any particular element in it, which is *inferred* from these data. When this inference is incorrect in part or whole we speak of illusions and hallucinations.<sup>9</sup> It follows that ‘public data’ are not

<sup>6</sup> Of ‘mystical experiences’ Wittgenstein’s famous remark suffices: ‘Whereof one cannot speak, thereof one must be silent’ (26).

<sup>7</sup> The work of George Herbert Mead (14), which is yet to receive all the attention it deserves from those concerned with psychiatry and psychoanalysis, was developed within this kind of an epistemological framework. In discussing the relation between action and our knowledge of the world of external events, Mead deals with the central role played by hypothesis-formation and testing, e.g., in his notion ‘taking the role of the other’.

<sup>8</sup> The ‘pleasure principle’, modified by the ‘reality principle’, would appear to be the essential regulator of this process of data interpretation.

<sup>9</sup> Some variety of sense-data theory appears to be the only epistemology which can satisfactorily account for these clinical phenomena.

really 'data' at all in the primary sense in which 'private data' are. On the contrary, they are inferred constructs, albeit of a low order of abstraction, upon which further inferences—i.e., physical theory—may be built.

The behaviorist attack on psychology of the psychoanalytic or introspective variety is thus seen to be built on a view of reality that has traditionally earned the name of 'naïve realism'. Its naïveté appears no less ludicrous today than it has in the past, but we have to acknowledge its appeal to those of Romantic inclination.<sup>10</sup>

### III

There are, no doubt, reasons why the naïve behaviorist views have been so appealing to many serious thinkers. While it is true that the existence of physical objects is indeed an inference rather than simply a fact, and also true that we can never know them *an sich* or as substances, but can only infer their structure, it would seem that the evidence for the existence of an external physical world is overwhelmingly great. Also, it would appear to be firmly established that there exist other minds.<sup>11</sup>

On the other hand, the general field of introspective psychology is, for various reasons, a most difficult one, and some of its constructs are surely open to question. The idea of a dynamic unconscious, which is really Freud's greatest contribution to the science of mind, appears to be firmly established. However, some of his other ideas, such as those contained in his metapsychological writings, are no doubt in need of periodic re-evaluation to determine their usefulness in explaining the data.<sup>12</sup>

<sup>10</sup> The notion that 'everything is what it is and not another thing', to borrow Bishop Butler's phrase, the idea that we simply 'see' physical objects, and the idea that the 'man on the street' using 'ordinary' language and 'common-sense' has a clearer perception of reality than those who have thought seriously about philosophical and scientific issues and attempted to analyze them carefully, would appear to be a heritage of Romanticism with a decided Rousseauistic cast.

<sup>11</sup> On this subject, see Ayer (1).

<sup>12</sup> Hartmann's contributions represent a noteworthy example of such revision (9).



In previous writings, I suggested that aspects of psychiatry and psychoanalysis need to be re-examined in the light of the contribution which contemporary philosophy has made to the clarification of the boundary between science and ethics (10, 11). Kohut (12), Szasz (24, 25), and others have stressed the need to make clear the theoretical separation between physiological constructs and psychoanalytic constructs. 'There are, however', as Ernst Kris said, 'other questions that remain to be answered. In the first place we must ask ourselves whether the hypotheses which can be based on Freud's assumptions are verifiable and permit the formulation of new hypotheses; and then we must inquire whether there are other assumptions on the basis of which more fruitful hypotheses could be built' (13, p. 47).

We must be honest enough to recognize that serious questions have been raised as to the empirical status of psychoanalysis as a system of hypotheses which permit determinate, potentially falsifiable conclusions to be drawn from them (17, 19).

It is probably the intricacy of the area in general which has caused some writers to give up in despair and simply repudiate psychology as a legitimate intellectual enterprise. But this attitude, even bolstered with the spurious philosophical arguments that we have examined above, does not do justice to the human mind. To quote Percival Bailey, who noted his own viewpoint in Pavlov, 'I have faith in the scientific method. Pavlov expressed my attitude very well when he said: "I should like to avoid any misunderstanding in relation to myself. I do not deny psychology as the knowledge of the inner world of the human being. . . . Here I now simply uphold and assert the absolute and incontestable right of natural science to operate wherever and whenever it is *able* to display its power. And who knows the limits to this!" Psychodynamics will continue to accumulate data derived from introspection and empathy. . . . Nevertheless the psychobiologists will continue to accumulate data derived from experimentation. Sooner or later both sets of data will lead to a more comprehensive understanding of mental activity' (2, p. 374). If neurologists of the stature of Bailey and Pavlov are

willing to accept introspection and empathy<sup>13</sup> as a valid element in scientific investigation, need we be apologetic about it?

This approach to the problem of mental phenomena, accepting as it does the validity of more than one empirical discipline, promises to yield more in the way of results than a closed-ended methodological monism.

### CONCLUSION

In this paper, I have been concerned with an examination of the logical status of introspective psychology, with special reference to psychoanalysis, in the face of the denial of its possibility by certain influential modern philosophers. It is shown that psychoanalysis rests on a secure philosophical foundation, in the sense that the investigation of mind by means of introspection and empathy is indeed possible. The designation of such inquiry as illegitimate has been seen to rest on conceptual confusions of various sorts, of which return to ontological speculations, apotheosis of 'common-sense' language, and naïve realism are the most prominent.

<sup>13</sup> The term 'empathy' may be open to some objection on the ground that, of course, one cannot think another's thought. However, provided we understand that it refers to introspection combined with inference by means of analogy and an examination of others' reports of their own introspection, it would seem to be a perfectly useful term.

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# THE FALLACIOUS MISUSE OF THE CONCEPT OF SUBLIMATION

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The forms in which any unconscious, neurotogenic conflict are consistently expressed have profound repercussive effects on the life of an individual, on the lives of his family and associates, and ultimately upon society. One form of such expression is sometimes referred to as sublimation: yet the validity of a concept of sublimation does not follow from this fact. This depends upon the answer to a more searching question: does the form of expression alter the neurotogenic, unconscious conflicts and the unconscious ingredients among the sustaining processes? It is to this question that this paper is addressed.

Any scientific discipline which depends on words is at the mercy of words, but words cannot be rendered accurate by definition alone. This difficulty plagues all psychological disciplines, but it is one of the major obstacles to the clarification of psychoanalytic concepts.

Because of the essential nature of human behavior, every psychoanalytic concept embodies an attempt to look in three directions at once. It looks inward and backward toward the forces which initiated the behavior and imposed on it its first pattern. It looks outward and forward-in-time to the social impact of behavior on external situations in life. At the same time, it includes the reverberating feedback from the external effects of behavior to the constellation of forces which originally initiated and which continuously sustain it and reshape it. It is not easy to capture three frames of reference in a single word, and much needless controversy results.

As an example, the original title of this paper was *The Fal-*

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Read before the Annual Spring Meeting of the American Psychoanalytic Association in Chicago, May 1961.

lacy of the Concept . . . itself an instance of just such a lack of semantic precision. If the concept, sublimation, were always used strictly and in precise relationship to only one of these parameters at a time, it is at least possible that it could be considered with clarity and with profit. When it is used to encompass all three at once, it cannot even be discussed fruitfully.

In psychoanalytic literature the concept of sublimation in the hands of various authors has implied many different things, no one author being consistent. For example, it has been used to imply: 1, the resolution through philanthropic behavior of a constellation of unconscious processes which can induce homosexual behavior; 2, the resolution by socially valuable behavior of polymorphous perverse trends (in Freud's original and naïve sense) and also of libidinal thrusts and proddings from hypothetically overinvested erotogenic zones; 3, the diversion into socially valuable channels of a stream of hypothetical and, as we now know, nonexistent psychic 'energies', which derived from a constellation of unconscious processes, that would otherwise have produced socially destructive or at the least useless patterns of neurotic symptoms; 4, any patterns of consistent behavior which arise from such sources, yet are socially desirable; 5, the substitution of a noninstinctual drive for an instinctual goal, with the implication that the instinctual drive itself is thereby attenuated.

In general, therefore, the concept has carried the implication that the social value of behavior can somehow neutralize or resolve the unconscious id forces, neurotogenic forces, and conflicts from which the behavior derives.

If as clinical observers we have learned anything from analysis, it is that none of this is true. The useful expression of a conscious conflict has a recognizable influence on the conscious originating and continuing sources of such a conflict; but it is wholly unjustified to argue by loose analogy that the unconscious roots of neurotogenic conflict have ever been altered or the unconscious conflict itself resolved by expressing it in a form which happens to be socially valuable, useful, creative, or beau-



tiful. For this there is not a shred of evidence. Indeed the evidence from the lives of creative artists, writers, and scientists points consistently to an opposite conclusion.

A further implicit assumption that unconscious neurotogenic roots of behavior are diminished by sublimation but are strengthened by symptom-formation is directly contrary to observable clinical fact. Behavior which is socially valuable is rewarded no matter how neurotic its determinants. Automatically this puts a high premium on continuing to behave in the same way and lessens its accessibility to change. This is why the overload of a compulsive but successful work drive is even harder to alter than a painful obsessional work block. This is also one of the many reasons why the creative scientist or the creative artist is resistant to treatment.

The critical question is whether there is any process which can be called sublimation which differs from the processes of symptom-formation or, for that matter, of personality formation in terms of its intrapsychic origins, mechanisms, and repercussions. If those differences do not exist, then to have a separate name for this process merely confuses our thinking.

Thus because the concept has been used to characterize simultaneously the sources, the value of the immediate external consequence, and the feedback from these consequences, a welter of confusion surrounds the concept. Yet the concept clings to us because it expresses that wishful thinking to which psychoanalysts are no more immune than are other human beings. In some limited measure it may be safe to allow wishful thinking to energize our efforts to help others; but we cannot allow it to determine our theoretical concepts and the arguments with which we attempt to buttress them.

Let us consider the double derivation of the term because the implications of the word itself conceal some question-begging and prejudicial assumptions. The primary derivation is from that chemical process by which solids are heated until they vaporize, the vapor then being cooled until it recondenses. But what does it then become? It becomes a purified version of itself

all over again, freed from impurities perhaps but otherwise unaltered.

Its second derivation is related to a familiar poetic metaphor, the sublime as opposed to the ridiculous or base, with an almost mystical and theological connotation. This value judgment, which is built into the concept of sublimation, derives from our healthy and necessary concern with the social consequences of behavior. If used solely from this external point of view, the concept has social utility in that it expresses our humane aspirations. Certainly to society the difference between a compulsive 'do-gooder' and a compulsive 'do-badder' is profound. Yet the initiating, unconscious dynamics of this pair of polar opposites may be almost identical, their unconscious dynamics not altered, and their influence on behavior not changed by the social value or social destructiveness of their symptomatic expression in action. Thus, in childhood the compulsive hustler is rewarded and the compulsive dawdler is penalized, although their primary origins may be identical. Consequently there are profound differences between the immediate and the remote secondary consequences of those opposite symptomatic expressions of similar unconscious neurotogenic conflicts. The lives that two such children will lead are as different as day and night. The neurotogenic symptomatic behavior of the one is rewarded. This hardly arouses any feeling of illness or of a need for help or to change. The neurosis of the other is penalized from infancy on and, because these penalties hurt, the pain may cause the child to feel some therapeutic need early in life.

From an early period of life, the social value of behavior makes a profound difference in the price we pay and in how early in life we pay it. Yet there is no evidence that in and of itself the rewards or punishments which home, school, playground, or society extend alter the underlying sources. Throughout life the socially useful or sublimated form of expression intensifies resistance to any effort to alter the underlying, unconscious, neurotogenic conflicts. If anything, where expression is socially rewarded the roots become more deeply



buried; and when they are at once buried and dominant they will ultimately destroy both the man himself and his creativity, in spite of the social value of his works and almost because of the rewards which these may win for him. The day always comes when the revenue agent catches up with us to collect his tax for our persistent neurotogenic conflicts. Evidently the most striking thing about the phenomenon which has been called sublimation is the fact that it does not sublimate anything in any recognizable form; therefore the concept has no validity in relation to the dynamics or fate of the unconscious conflicts with which men struggle.

Let us then consider whether the concept of sublimation has a continuing purpose. In recent writings those who still use it seem to do so uneasily. By shading their meanings they depart so far from its original intent and alter its implications so basically as to leave almost nothing of the original concept but a denatured and misleading word. Thus Greenacre has pointed out how the patterns of living and loving, and the manners and ways of working of the artist fail to 'harmonize with our ideas of sublimation' (2). This would seem to support my thesis since, except in dreams and symptoms, our ideas and the words in which we clothe them are supposed to conform to the objective data which they purport to represent, not the other way around. Ernst Kris (3, 4), too, pointed out that sublimation 'has become a bookish idea', and that the instinctual roots of behavior (and by implication their conflictual roots as well, although he does not specifically mention them) are actively expressed and perhaps even gratified in the artist's work. Here the unspoken implication is that in so far as any sublimated form of expression makes the underlying neurotogenic conflict ego-syntonic, it can hardly be expected to alter it or to dispose of it.

Many similar examples from Glover (1), Sterba (6), and others could be given. In general it seems that as analysts we are passing through a transition during which we cling to the concept as a verbal short cut, while rejecting its essence. One must ask why the concept is retained at all if it is based on an antique

and no longer useful concept of psychic 'energies' which use as their model the concepts of hydraulic engineering and electricity of the nineties. If in addition (as the works of many authors seem to indicate) the concept of sublimation is clinically inept and inaccurate even as a description of the phenomena of creativity, if therefore it does not even describe these processes adequately as they occur in nature but embodies a misleading metaphor, it might be that we would think more clearly without it. Perhaps we cling to it only out of a mistaken sense of loyalty.

Our misuse of the concept of sublimation has deceived us, giving us the illusion that we have solved a problem which remains unsolved. Simply put, the question is why do expressions of unconscious conflicts in forms which are socially valuable, creative, or even beautiful leave unaltered both the unconscious conflicts from which they derive and their destructive potentials?

That we need to explain how the creative process works is certainly true; but necessity always mothers countless false inventions for each occasional sound invention. The differentiation between the true and the false among these can be made only by rigorous descriptive logic and subsequent testing. The concept of sublimation fails on both counts. To discard it would clear away an obscuring tangle of last year's unruly underbrush, which should help us to find our way through the forest with a truer sense of direction. I believe that the outlines of a path to clearer conceptions of the creative process are already becoming apparent (5), and that these do not require the concept of sublimation, and actually are at variance with it.

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# KILROY WAS HERE

## A REFLECTION OF HISTORY IN SOME LANGUAGE FADS

BY CLYDE H. WARD, M.D. (PHILADELPHIA)

The cryptic character, Kilroy, despite his inelegant and banal nature, seems to have won a lasting place in the vernacular of our times. At the recent Russian cultural exhibit in New York one phrase appeared in nearly every guest book: 'Kilroy was here' (2). From the beginning of the satellite rivalry it was the fond wish of a prominent American scientist to place by rocket a marker on the moon to show 'at least that Kilroy got there first' (15). When the Suez canal was being cleared of sunken ships, one vessel when raised was found to have the inscription 'Kilroy was here' lettered in the silt on its side (9). At the outbreak of the Korean war, Kilroy again greeted the American military in Japan (5). Kilroy has been cited by a scholarly historian (21); he recently appeared in a cartoon series and a sketch for an advertisement on television (18); he has been the hero, and his existence the main theme, in a recent biographical novel (17); and he has been harkened to in a current mystery story (22).

But it was in the mid 1940's that Kilroy had his heyday, and the impression is nearly universal that this was during World War II. 'During the second World War this inscription [Kilroy was here] or the crude drawing of Kilroy appeared everywhere. His bald head, his staring eyes, his long drooping nose, could be seen where they were least expected and where they were certainly not supposed to be. Like the private eye of the detective story, Kilroy had always been there, had already looked, had violated the secret. His talent for reaching the most remarkable places was amazing' (8).

How can we understand the scope and longevity of this elfin

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enigma? The poet and the philosopher first approached the unconscious significance of Kilroy. Their allusions are astonishingly serious and are difficult to grasp immediately. Later, I think, we shall find them not without meaning. Griffin, in verse, struck chords of death, of rebirth, of disguised desire, and intense ambivalence (Bibl., 23).

Kilroy . . . you descended into hell and then you died,  
 With a thirty M-one in your hands.  
 You rose from the dead . . .  
 Giant of ourselves . . . the epic wish.  
 Dogface; ciphered identity . . .  
 A sacred name . . .  
 What act too low to be attributed to you?  
 To rise to this high point, . . .

The Harvard classicist, Finley, then likened Kilroy to Odysseus (7). The ancient hero, like the modern, 'attached folk tale (to do with permanent and representative attitudes) to legend (telling of history)'. Each was 'a traveler not in random experience but in representative male experience', and the legend of each concerned 'a kind of search into the future by uniting it with the past', and 'had two sides—a desire for travel and for home-coming'. Finley's pupil, the poet Vierick, next took up the theme with a more ominous note of guilt and dangerous home-coming (Bibl., 46).

*Orestes—guilty* of what crime? for whom the furies  
 still are searching . . .  
 The G.I. *Faustus* who was everywhere . . .  
 Kilroy beware. *Home is the final trap*  
 that lurks for you in many a wily shape . . .  
 Thus 'Home' becomes that sea  
 where you were always drowned.<sup>1</sup>

Later, psychological theory found etymological evidence for the poet's intuition when it deciphered the unconsciously contrived cryptogram of the name itself (Bibl., 52). Kilroy: kill

<sup>1</sup> Italics added.

royalty (*le roi*), killer of the king. Thus, the hero of the mid 1940's, World War II's best known G.I., was revealed as the timeless œdipal hero, the killer of the paternal tyrant. With this discovery many of Kilroy's symbolic aspects become illuminated. We see his œdipal nature in his provocative defiance—the little one with the big nose, the victorious Peeping Tom. His rivalry with his father appears in legends that have him striking in dangerous and forbidden places (for example, in the 'exclusive' toilets of The Big Four at the Potsdam Conference, to Stalin's discomfiture) and in places representative of mother—intimate or unlikely places such as off-limits areas, unexplored territory, and, always, the lavatory.

Thus a puzzling behavioral phenomenon became more comprehensible and we begin to see why this character became so intensely popular, so hardy, and so ubiquitous, and why he seems so typically American in his appearance at a time of American opposition to tyrants. But this understanding concerns only the aggressive father-son conflicts stirred up by war-time demands for both violence and discipline. We see in this humor the impudent, triumphant son. But what of the grief an Œdipus must bear? What of the tragedy at which the poets hint? Where is Ulysses of the difficult home-coming, or Faustus who after his excesses must keep a fateful bargain, or Orestes who is cursed after his violence with long, guilt-wracked wandering?

Lengthy search for the origin of this mythical soldier-hero suggests another level of meaning in Kilroy, a meaning that helps further to explain how this caricature, at first apparently a mere fad, endured to become something of a legend and a part of our folklore in the years after the war. In this new meaning we may see how much intelligence is compressed, in a disguised and multiply determined manner, into a construction derived from the unconscious. This depends upon the sense of time conveyed and hidden in the Kilroy slogan. As the mystery of the name itself may be better understood by analysis of its component parts, so also may more meaning be gained from literal scrutiny of the rest of the expression, Kilroy *was* here.



Why the past tense? Let us set ourselves the question: when was Kilroy here?

If we date our hero's presence not by retrospective anecdote but by those dates when someone actually recorded his appearance, we come upon a surprising fact. Although virtually all previous thought has identified Kilroy as a phenomenon of World War II, in print Kilroy was not here before the end of that war (see Bibliography). Since mention in the popular press probably dates the beginning of the Kilroy fad and almost certainly determines its highest incidence, Kilroy seems to be a postwar phenomenon.<sup>2</sup> If we accept this fact, what can it mean? The data insist that Kilroy appeared only after the war; yet popular memory insists that his was a wartime career. (Dozens of veterans have felt certain of this, yet none could adduce printed proof.) When the human psyche both seeks and resists awareness, a compromise results that simultaneously expresses and disguises. Such a compromise is the 'was' in our slogan. Consider the history of 'Kilroy was here' as it now stands revealed: everyone feels sure the expression was current during the war, yet the most painstaking search to date discloses not a single reference to it during the war. We might suppose the slogan was too trivial to be mentioned; but this theory proves simply untenable when we note that the most trivial wartime slang found expression in print over and over again.<sup>3</sup> That Kilroy first appeared at the end of the war is also shown by the sudden appearance of references to him in newspapers, in dictionaries of slang, and elsewhere after 1945.<sup>4</sup>

<sup>2</sup> A thorough search has failed to turn up any reference to Kilroy earlier than June 1945. This search has been pursued in dictionaries of Army slang, in libraries from Oxford to New Zealand, in many newspaper 'morgues', by advertisement and by contests offering rewards, by exhaustive study of newspapers, books, the Stars and Stripes.

<sup>3</sup> It is particularly convincing to note that even a contest held during the war to suggest an alternative nickname for 'G.I. Joe' produced no Kilroy.

<sup>4</sup> R. J. Schmitz in his novel, *God's Wayward Son* (17) associates Kilroy with the end of the war, and Sterba (Bibl., 52) dates him in mid-1945. Sterba, incidentally, supposes that the slogan is related to the death of President Roosevelt, resulting from the 'general exuberance' at the death of a father-figure. Fairbairn (6) had

If we assume that Kilroy was a postwar fad and that the popular impression to the contrary represents defensive distortion, we may hope to find clues to the reasons for this distortion. Some of the suggested origins of Kilroy are as follows.<sup>5</sup>

1. Many veterans retrospectively place Kilroy's origin in the Italian theater during the war. Although nothing was found in print to substantiate this origin, reference occurs in Yank to the American troops calling the British with whom they were closely associated in Italy, 'Leroys' (27)—a term that appears to substantiate the etymology of the 'roy' in Kilroy as 'king', since British soldiers are 'King's men'.

2. One of the most concrete and specific recollections offered by veterans who were asked about Kilroy was that the saying was seen written in a guest book in one of the servicemen's clubs in Yorkshire, England, in August 1943. The veteran who reported this remembered that it was seen at a time when the American motion picture performer, Adolph Menjou, appeared there to entertain the troops. Correspondence with historians in Yorkshire elicited no proof that a Kilroy had been there, but it was discovered that Menjou had appeared in Yorkshire in 1943 with a dancer whose name was Hal LeRoy (19).

3. A veteran who answered a public contest concerning the origin of Kilroy (a contest held during the height of the Kilroy fad in 1946) stated that Kilroy originated during the war, in the Philippines, when a serviceman gave the name to a champion racing frog. The Mid-Pacific Stars and Stripes reported on October 22, 1945, that the name had been bestowed in that month upon a champion jumping frog on the Island of Saipan (Bibl., 14). The war was, of course, over well before October 1945.

If an important part of the reason for Kilroy's existence has

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developed this theme previously when he noted dreams of exuberance in analytic patients following the death of King George VI.

<sup>5</sup> A natural source of distortions of memory concerning Kilroy is the sixty-three or more soldiers or defense workers who were actually named Kilroy. It is remarkable that only two of these Kilroys ever associated themselves with the origin of their mythical namesake, and both claims are retrospective and can be dated well after more reliable times of origin of *our* Kilroy.



suffered disguise, then we might expect that the closer we get to his true origin the less disguised his significance will be. The disguise may have required some time to become fully developed. The closer to the time of his origin, the more may Kilroy be referred to in the present tense.

The very earliest established record of Kilroy's appearance is curiously enigmatic as to time, and it gives another significant clue—it conveys a theme of wry mourning and of demobilization. In June 1945 (six weeks after V.E. Day), in an obscure camp newspaper at Fort Kearns, Utah (Bibl., 1), there appeared a full-page cartoon which proposed some memorials to the war. Three memorials were sketched. One was a long queue of G.I.'s waiting patiently in line; it was entitled: 'To the Men Who Stood at the Battle of Kearns'. The second memorial was an unkempt private, first-class, saluting a pompous officer who is scolding the soldier; it is captioned: 'To the G.I.—Last of the Enslaved Peoples'. The central memorial bears only a bucket and cleaning mop beside a toilet bowl atop a marble slab resembling a tombstone; the inscription upon the stone reads: 'To the Unknown Soldier—Kilroy sleeps here'.

The second earliest record of Kilroy comes from the Pacific theater and expresses a note of wonderment at this new arrival. 'Who The Hell Is Kilroy?' asks the *Mid-Pacific Stars and Stripes* in August 1945 (Bibl., 2), and then discusses his origins, suggesting that he comes from Camp Meade, Maryland. There follows during the next month a series of exchanges of letters (Bibl., 3-11) in which various servicemen discuss the question. Three of these writers ascribe his place of origin to Fort Kearns. Four believe he has recently originated in the Hawaiian Islands. The remaining three say that Kilroy started at various other places within the continental United States. The tone of these letters indicates that Kilroy is a recent arrival on the scene. In October, *Stars and Stripes* carried the next reference to Kilroy (Bibl., 12), a note about a mock funeral for him. Here we find maintained the note of humorous melancholy struck by the earliest appearance at Fort Kearns.

Another of the earliest references to Kilroy very strongly associates him with the end of the war and with home-coming. In December 1945, *Yank* (Bibl., 21) carried a feature article which treated Kilroy as a newcomer, stating: 'The signs at Kwajalein eight months ago used to read "Welcome, you lucky people!'. Kilroy and the peace have changed all that.' The article went on to relate the rumor that Kilroy had just arrived from Washington, D. C., with new orders whereby enlisted men only were to be immediately towed home on barges fashioned from the Japanese home islands.

Now what does this evidence tell us about Kilroy? The earliest valid references treat him as a relative newcomer and carry also the associated themes of the war's ending, of return home, and even of sadness, dejection, and death. At the end of the war Kilroy was here. Just as the G.I.'s career is drawing to a close, Kilroy appears. Moreover, the incidence of references to Kilroy in print parallels the course of demobilization of the American Armed Forces. Both demobilization and references to Kilroy show a biphasic curve with peaks in November 1945 and November-December 1946 (23). So Kilroy is a phenomenon of demobilization. This fact reminds us of the often-made and often-forgotten observation that adjustment to life proved hardest not in the Armed Forces in wartime but in civilian life after the war. And when adjustment to life is hardest, humor is most needed. The veteran finds civilians jealous, his family hard to love, his wife more independent than she was. He must re-channel his aggression, accept his being disarmed, and change his identity (3, 4, 20, 24). He stills his anxiety about his own and his country's future with memories of past triumphs: Kilroy was here.

The coded message contained in the name Kilroy—œdipal triumph, defeat to tyrants, and a reference to the immediate past, the war—is a witty comment on the events of the mid 1940's, especially the period of demobilization. There is a sense of history in the Kilroy fad.

A number of other caricatures like Kilroy occurred during and after World War II. In the British press during the war a



series of popular characters caught the public fancy. They were, like Kilroy, little elfin men whose sketches with accompanying slogans appeared in public places. First there was Doomie, of the R.A.F., who warned fledgling pilots of the dire results of carelessness or lack of preparation. Then came Chad or Mr. Chad, a soldier associated with remarks about a missing item or one in short supply. Mr. Chad is described as, 'That comical figure peering over the top of a wall, whose long pendulous proboscis and single hair in the form of a question mark have been found scrawled on the walls of passages, guard rooms, railway stations, and other public places. His eternal question, "Wot, no beer?" (or potatoes, or other article) has become both a challenge and a commentary upon the times in which we live' (28).

There followed a popular character, Flywheel, usually encountered in the saying, 'Flywheel is coming' and again associated with the R.A.F. (Bibl., 27). Next in the chronology came Kilroy, and then followed briefly in New York and in the separation camps a more plaintive and possessive character, Clem (10, 11, 12, 13, 14). 'Clem had chow here', 'Clem sweated out his last queue here' are typical comments accompanying the appearance of this 'wall-peeper'. After this there followed in America, the popular expression, 'Open the door, Richard' (Bibl., 50.)

The name Doomie seems self-explanatory. Chad may be less obvious; the word 'chad' is an obsolete spelling for shad, a fish, and is etymologically related to the meanings, little twig, little child, a fragment, and (slang) 'small potatoes'—themes of inadequacy and dependent attachment. Flywheel means central force, unifying motion. (Kilroy is a braggart, Flywheel a thinker, an English observer said.) Clem (clemency, clam, clamp) is etymologically related to such meanings as: to starve, to pinch as with hunger or cold, to confine, to press together, urgency, call for relief (25, 26). If we follow the usual principles of symbolic interpretation, 'Open the door, Richard' is a reference to homecoming and reunion, including the sexual connotations.

In sequence, then, we have the following themes. Doomie:

the threat of doom that hung over the British Isles in the first part of the war. Chad: inadequacy, dependency, England's turning for help to a stronger ally. Flywheel: the healing realization that, nevertheless, the British are central to the war's means and goals. Next Kilroy: the American tyrant-killer and his subsequent confrontation with demobilization. Clem: the clinging, urgent reaction at the point of actual separation from service. And finally, 'Open the door, Richard': the imperative, climactic note of reunion.

Last of all, we find that Kilroy was assimilated into the German language (*1*), where it became the equivalent of the American 'Oscar',<sup>6</sup> the title given to the statuettes awarded annually to those persons and productions judged most excellent in the cinematographic arts. What can be the meaning of the Germans' incorporation of the proud-sad image of their American adversary? What history is reflected in this vicissitude of Kilroy?

### SUMMARY

Exhaustive search shows that the phrase 'Kilroy was here' first appeared at the time of demobilization from World War II. Kilroy suggests regicide, the revolt against tyrants. The phrase was probably associated with demobilization because it served as a reassurance to the soldier at a particularly difficult time. Other similar wartime or postwar characters reflect, like Kilroy, the history of the times.

<sup>6</sup> This leads us to consider the origin of the title, Oscar, as applied to the six-inch-long statuettes. As might be expected, there was no apparent reason for the usage. It originated in the mind of a new secretary in the office of the American Academy of Motion Pictures and 'spread like wildfire thereafter' (*16*). A symbolic analysis of the word, Oscar, breaking it into its two phonetic parts, suggests crudely obvious phallic symbolism.

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## BOOK REVIEWS

PSYCHOANALYTIC CONCEPTS OF DEPRESSION. By Myer Mendelson.  
Springfield, Ill.: Charles C Thomas, 1960. 170 pp.

While reading this thoughtful, stimulating, and lucid book, one re-experiences the excitement of the early period of psychoanalysis when discoveries were new and fresh and the vistas opened up by Freud loomed wide and unexplored. In the first section, Mendelson offers an excellent survey of the literature in which the various contributions are described with clarity and understanding and the development of theories and their variations is made plain. He reviews the evolution of the thinking of psychoanalysts on depression against the background of the history of psychiatry around the turn of the century. Kraepelin, he points out, brought a new dimension into psychiatry, the dimension of time. His nosological system was based on extended periods of observation. Diagnostic categories could be delineated according to the course of the illness because patients were followed up for longer periods. The diagnosis of manic-depressive psychosis was verified if the patient recovered from his depression or if the depression was replaced by an extreme mood swing in the opposite direction. Freud and psychoanalysis brought another new dimension to psychiatric thinking—the dimension of depth. Freud's original ideas opened new avenues toward understanding the depressive process. Abraham's work was another turning point; it was the first consistent and systematic attempt to work out a theory of symptom-formation based on the libido theory. Rado's paper, *The Problem of Melancholia* (1928), reflects the new era in psychoanalysis which started with Freud's book, *The Ego and the Id* (1927), the era characterized by the introduction of the structural theory. Rado's paper also brings a new theme into the discussion—the problem of regulation of self-esteem—which is an essential one in the psychopathology of depressive states. This theme recurs repeatedly in later writings as it obviously represents a source of depression different from that first discovered, namely, depression following an object loss as the result of an ambivalence conflict.

Gero's paper, *The Construction of Depression* (1936), is then reviewed. Mendelson states that 'Gero outlined . . . the course of therapy in two cases of depression, bringing the consideration



of this subject down from the heights of theoretical speculation to the relatively solid ground of therapeutic work'. Gero's reinterpretation of orality in a fuller context of the mother-child relationship is quoted. According to Mendelson, the merit of Melanie Klein and the English school of psychoanalysis has been their provision of 'perceptive appraisals and sensitive word-pictures of the depressive and allied conditions'.

Mendelson finds that the common ground between Melanie Klein's view and other current trends in psychoanalytic thinking is the emphasis on the importance of the first year of life and the early mother-child relationship for later development. In the third chapter he turns to the important question of whether or not all depressive conditions have similar origins and similar mechanisms. Reviewing more recent contributions to psychoanalytic literature, he summarizes the work of Edward Bibring. Here again Mendelson's ability to point out the essential ideas of an author and highlight their place in the cross-currents of the literature becomes apparent. He shows that Bibring tried to find a formula for the characteristic depressive mechanism that would be general enough to embrace different types of depressive reactions and yet leave room for flexible genetic considerations. Bibring doubted the universality of the role of oral fixation in depression. He thought that conflicts in other phases of libidinal development can equally well be at the root of a depression. This revision of clinical theory indicates another important turning point in psychoanalytic thinking. The validity of correlating specific phases of libidinal development with specific symptoms is questioned. Reviewing Bibring's contribution, Mendelson calls attention to an interesting problem. Some psychoanalytic authors, notably Rado and Fenichel, interpreted depression as an attempt at reparation. In contrast, Bibring assumed that attempts at reparation are not the essence of depression but are a desperate device resorted to because of the pain caused by loss of self-esteem. Thus Bibring called attention to a largely unsolved problem, the nature of depressive affect.

In extensively and carefully reviewing Edith Jacobson's work, Mendelson gives first a summary of her views on the development of normal self-esteem as a background for her theories of pathology. In the framework of modern psychoanalytic ego psychology, Jacob-

son investigates the development of self-image and the object images. As is characteristic of psychoanalytic investigation, the study of pathological disturbance helps us to understand normal development. Clinical observations on depressive patients lead Jacobson to conceptualize elusive mental phenomena as the changing aspects of the self-image and the object images. Mendelson quotes her findings concerning the regulation of self-esteem; the factors involved are the superego, self-critical ego functions, the ego ideal, the ego functions, the self-representations. Jacobson, like other authors before her, finds that the essential psychological characteristic of depression is loss of self-esteem. What is original in her contribution, however, is that she shows that there is insufficient maturation and separation of self and object images even in the prepsychotic personality of the manic-depressive and that, at the height of the pathological process, regressive dissolution of those identifications takes place. Mendelson acknowledges the sophistication of Jacobson's thoughts but finds them too speculative. Nevertheless, the experienced analyst can find ample evidence that Jacobson correctly describes the phenomena of an important depressive mechanism.

Mendelson also reviews the work of a group of investigators somewhat apart from freudian psychoanalysts. Mabel Blake Cohen and co-workers at Chestnut Lodge, in *An Intensive Study of Twelve Cases of Manic-Depressive Psychosis*, found certain similarities in the family background of their patients; they all had a domineering mother and a weak father. Mendelson notes that other published case histories cast doubt on the universality of these findings; in his opinion the study of transference and countertransference aspects of the treatment of these patients is the most valuable part of the work.

The second part of the book is a systematic discussion of the theoretical problems of depression. Concerning heredity in depression, Mendelson notes that there is 'a varying degree of awareness that there was more to the depressive reaction than could be explained by environmental and experiential factors'. Of course Freud and his followers are interested in the psychologically understandable and therefore potentially alterable features of the condition rather than in heredity. Some psychoanalysts, in accordance with the variations of their theoretical approach, emphasize different psychological predisposing factors. Jacobson, for instance,



stresses the importance of excessive disappointments at an early stage of development. There is no consensus about the presence of an obsessional character structure. Most authors assume that obsessional character structure is not always present in depressive, melancholic, or cyclothymic patients. One of the best critical chapters deals with aggression in depression. The distinction between aggression as an observable kind of behavior and as an abstract explanatory principle is particularly well taken. Similarly, there is an obvious difference between referring to aggression as an impulse or feeling and as a highly abstract concept of psychic energy. Some authors so define depression as to make hostility or aggression against the self a *sine qua non* of this condition. Others describe depression with such words as loneliness, emptiness, or a feeling of futility.

Chapter five consists of a critical survey of the diagnostic and semantic problems of depression. In a time when psychiatrists and psychoanalysts focus on the individual patient with all his unique qualities, there is less interest in rigid diagnostic categories. Nevertheless, many psychiatrists still hold the view that manic-depressive psychosis is a sufficiently well-defined and empirically correct diagnostic category. Mendelson shows that there is no widespread agreement in the literature as to what is actually comprised in the phenomenon of depression. There are obviously different types of depression, not one clear-cut diagnostic syndrome with well-defined characteristics.

The chapter on treatment follows the history of the psychoanalytic therapy of depression from Abraham's early writings to the recent contributions of Cohen and Jacobson. Mendelson points out that the emphasis of the earlier writings was on the uncovering of unconscious fantasies whereas the contemporary literature emphasizes the analysis of the transference and countertransference. There is also a shift from a more optimistic evaluation of analytical therapy in depression, as expressed by Abraham, to the cautious attitude of the present-day writers. However, one gets the impression that Mendelson underestimates the vitality of the classical tradition of psychoanalytic therapy of depression. The stress in the literature on the new does not necessarily mean that in the actual analytic situation the 'old' does not prevail.

In conclusion, Mendelson gives a critical reappraisal of the literature. He points out correctly that there is a tendency to premature

generalizations based on comparatively limited clinical experience and presents evidence that there is disagreement among psychoanalysts about such questions as what period in childhood is most important for the predisposition to depression and how frequently is orality found in depressed states, what is its significance when present, and what relation have aggressive drives to depression. Yet, as he emphasizes, an impressive agreement exists. There is no disagreement about how a child acquires the blissful certainty of being loved and wanted with the attendant sense of security. Mendelson lists these points of agreement: the importance of the parents', and particularly the mother's attitudes for the development of emotional security in the child, the importance of early deprivations, etc. He acknowledges that psychoanalytic studies about depression have 'mapped out whole continents of the mind that have previously been unexplored'. Progress in writings on depression goes parallel with the progress and refinement of the general body of psychoanalytic theory. He believes, however, that the increased sophistication of analytic concepts (and we should add accumulated clinical experience) has directed our attention to gaps in knowledge and theory.

This book is an excellent critical survey of the many aspects of the problem of depression as it is reflected in the literature. It can be read with equal benefit by beginners and experienced workers in the field.

GEORGE GERO (NEW YORK)

SIGMUND FREUD'S AKADEMISCHE LAUFBAHN IM LICHT DER DOKUMENTE. (Sigmund Freud's Academic Career in the Light of Official Documents.) By Josef and Renée Gicklhorn. Vienna: Urvan & Schwarzenberg, 1960. 194 pp.

Josef and Renée Gicklhorn are known for their research about Freud; they have published, for instance, *Did Pharmacists Listen to Sigmund Freud?* (1955) and notes about Freud's research concerning the male eel. In the present book they describe Freud's academic career from its beginning in 1886 until his departure from the University in 1934. They state explicitly that they want to be regarded as 'scientists and historians' in contrast to all previous biographers of Freud. Their study lasted six years; five thousand doc-



uments were examined and over one hundred thousand registration papers were read 'word by word'. The study was supported by the Freud Archives in New York and led to the discovery of more than forty documents which are listed at the end of the book. Friends of Freud will be grateful to find them there.

The Gicklhorns confess that perhaps they are not entirely objective in their task but are driven by one motive—they wish to prove that 'unbelievable reproaches and suspicions' against the authorities of the City and University of Vienna are unjustified as far as the academic career of Sigmund Freud is concerned. The authors conclude that the documents do not show any evidence of anti-Semitism that made the career of Sigmund Freud difficult; on the contrary, they show that the University did much to promote Freud's development and assisted him as a person, teacher, and scientist.

An introduction describing the career of a professor and his preparation is followed by an account of traveling grants and of how one became a professor, specifically in Freud's case. In a special chapter the legend of the Boecklin picture described by Freud himself in one of his letters to Wilhelm Fliess is investigated; the matter is not quite as Freud (or Jones) described it.

Much evidence is produced about Freud's career in the anti-Semitic atmosphere of Vienna University. The authors have even counted how many Jewish students went to register for Freud's lectures (less than the average student population would lead one to expect). Of special interest is the expert opinion of Wagner-Jauregg and his recommendation for the promotion of Freud from what we should call assistant clinical professor to full professor. The document is produced in facsimile and shows an interesting slip of the pen by Wagner-Jauregg. He states that Freud, at the ripe age of sixty-three, may deserve a promotion. He recommends a promotion to *extraordinarius* (which Freud had been for eighteen years). Wagner-Jauregg corrected this to read '*ordinarius*'. Such unconscious confessions tell the analytic historian more than hundreds or thousands of documents which, however, are of historical importance. The next chapter brings an amusing comparison between the adjustments made by Freud and Wagner-Jauregg to the University of Vienna. Freud complains about the food with irritation and anger while Wagner-Jauregg eats it all with stoic detachment.

With regret the authors mention that Ernest Jones did not

bother to publish in his Freud biography a single official document; with pride and satisfaction they publish many documents. The extraordinarily high *niveau* of the Jones biography cannot be doubted even after careful study of these documents. They change little in Freud's description of himself or in the description and interpretation which Jones left to us.

Whether the aim of the authors has been accomplished or whether it was even necessary to defend 'the honor of the City of Vienna and her University' remains uncertain. The analytic reader will be aware that the study of Freud's life has two aspects: fact-finding and psychoanalytic interpretation. Many of Freud's letters came from his heart and should not be considered as historical documents in so far as the events of his time are concerned. However, the analyst will agree with the authors that this book contains many documents of importance.

Unfortunately, the authors write in the fantastic style of German officials; one supposed that it had died in 1914. Perhaps this kind of administrative style is necessary and immortal. Some sentences wind under the eyes of the reader like worms under the heel of the wanderer. The bibliography lists one hundred twenty-nine references. Missing are two important historical contributions by Kurt Eissler, one about the mystery of the Boecklin picture (in *Wiener Geschichtsblätter*, 1958), the other his paper about the friendship between Wagner-Jauregg and Sigmund Freud (*Wiener Klinische Wochenschrift*, 1958).

MARTIN GROTJAHN (BEVERLY HILLS)

THE PSYCHOANALYTIC STUDY OF THE CHILD, VOLUME XV. New York: International Universities Press, Inc., 1960. 481 pp.

The latest volume of *The Psychoanalytic Study of the Child* brings a variety of papers ranging, as usual, from worthwhile to most important. Only a selection of the twenty-one papers can be discussed in a review.

John Bowlby's *Grief and Mourning in Infancy and Early Childhood*, discussed by Anna Freud, Max Schur, and René Spitz, is a major contribution to the nature-nurture controversy. The four authors in general agree on the importance and the phenomenology of early separation of mother and child but its developmental



meaning is variously interpreted on the basis of theoretical considerations and original research. Bowlby believes that the reaction shown by infants to the loss of mother can be regarded as true mourning since mourning is 'the psychological processes that are set in train by the loss of a loved object and which commonly lead to the relinquishing of the object'. He regards the relationship of mother and child as the inevitable and rather constant result of a biological nexus, not as an evolving relationship with *any* mother figure.

This implicit deviation from classical libido theory is the focus for Anna Freud's discussion; attachment behavior, as Bowlby sees it, cannot exist in infancy when narcissism reigns supreme. Anna Freud suggests that Bowlby's sharp distinction between mourning reactions in animals and in human beings might logically be carried into ontogenesis. The principle is the same: the more highly developed and differentiated the individual, the more complex the mental processes. Schur similarly criticizes Bowlby's overemphasis on ethology which gives the instincts greater importance than learning; it fails to take into consideration the gradually evolving structure (id-superego-ego) of the personality and hence the varying ego enriching or pathogenic effect of object loss in keeping with the developmental level on which it occurs.

Anna Freud and Schur deal with the whole of ontogenetic development but Spitz is chiefly concerned with Bowlby's way of viewing infancy and early childhood as rather undifferentiated. Spitz stresses the striking distinctions between the six-month-old infant and the child of three or four years with regard to physiology and concomitant emotional development. The loss of mother, as he shows, cannot possibly have the same meaning for the babe in arms as for the child of preschool age capable of guilt, reason, and object relations.

Many analysts avoid analyzing adolescents and the psychological and psychoanalytic literature on adolescence is rather meager. It is argued that we do better to leave alone persons who are in the process of revamping the superego and are subjected to surging impulses; whose ego has, so to speak, its hands full. To uncover in adulthood the analysand's adolescent years too proves difficult. Jeanne Lampl-de Groot's *On Adolescence*, in investigating the analyzability of adolescence past or present, looks not only to the patient but also to the reluctant analyst. She finds that the patient's greater

sense of responsibility for the person he was in his teens (identification with his adolescent self) is matched by the analyst's difficulties in bearing the refined form of adolescent hostility which the patient permits himself out of a deep conviction that parent and analyst are invulnerable.

One wonders about a possible additional factor. Not only analysts, but most adults frequently seem more disturbed by adolescent antics than by those of any other age. Could it be because we have repressed our infancy and happily disowned our latency years yet are but one step removed from adolescence? What disturbs the adult about teenagers often seems to be their onslaught on our 'narcissism of little differences'.

In *Further Notes on Fetishism*, Phyllis Greenacre shows how certain patients seemingly suffering from addiction use the drug as though it were a charm, a treasured possession that protects against helplessness. This 'pseudoaddiction' is related to charm and amulet fetishism as well as to mystery and secret. Greenacre reflects on the meaning of the secret in mythos and fiction and its union with the fetish in the secret magic ritual. The latter prevails in the initiation rites of secret societies as well as in certain neurotic conditions bordering on, but less severe than, perversions. Unlike perverse symptoms, fetishistic symptoms are not obviously connected with the sexual functioning but are primarily used to insure safety.

In *Pathologic Forms of Self-Esteem Regulations*, Annie Reich includes in the narcissistic neuroses neurotic disturbances with marked overcathexis of the self but unimpaired ego functioning in certain areas. There is great but exceedingly labile self-esteem with shyness or arrogance, hypersensitivity to attack, and proneness to revengeful fantasies. In these patients much unneutralized aggression causes hypochondriasis and striking overdependence on outside approval instead of an internalized superego. This narcissistic imbalance originates in the infantile state of incomplete differentiation of ego and of self from the environment when overwhelming and repeated traumatization causes the patient, who has as yet limited defenses available, to withdraw libidinal cathexis from the dimly perceived object onto the endangered self. Hence his ego ideal, instead of growing out of object relations, is based on a grandiose archaic self-image—an 'unrealistic yardstick' that can never be approximated.



Harold Balikov throws light on the question of early identification and its significance for the learning process. *Functional Impairment of the Sensorium as a Result of Normal Adaptive Processes* describes and interprets the behavior of three physiologically normal children born to blind parents. 'The children . . . look and act as if they were blind' for three reasons. They perceived and adapted with the sensory functions stimulated by their environment (a dark room); they identified themselves with their parents in their mode of adaptation; also hearing and touching effectively were presumably functions which the parents valued, whereas seeing was devoid of any secondary gain. This paper, with its emphasis on selective awakening and pleasurable cathexis of the senses, brings to mind Spitz's study on hospitalism for which it provides a complement.

Harold Kolansky in his *Treatment of a Three-Year-Old Girl's Severe Infantile Neurosis* convincingly states the case for mother's presence and active participation in the treatment room under certain conditions. In pre-*œdipal* children whose mutual attachment to mother has an almost symbiotic quality, psychoanalytic treatment cannot aim at separately strengthening the ego of each. The mother's intermittent presence in treatment is therefore desirable. In the playroom, the display of symptoms, the analyst's explanation of their etiology, the resulting permissive attitude of the mother, and her implicit consent to the treatment contribute substantially toward the child's improvement.

*The One-Parent Child and His Œdipal Development* by Peter B. Neubauer examines the vicissitudes of sexual identification and formation of the superego in children with only one parent. The *œdipal* fantasy of such children cannot be corrected by reality but becomes, as it were, hypertrophic and endows the absent parent with a superhuman potential to gratify or to punish.

Direct acquaintance with the fantasies of a normal latency child is hard to obtain. The relatively brittle defense mechanisms of the borderline child, however, permit the therapist to observe instinctual derivatives and to draw conclusions regarding the repressed instinctual activities in the normal person. Marie B. Singer, in *Fantasies of a Borderline Patient*, describes such a boy's fantasies in latency. They reveal a child who develops from a narrow, frightened concept of reality, consisting chiefly of his body and his fantasies, to a much more inclusive one. Though the boy establishes 'a precarious

foothold in normality' he remains a child with shaky defenses and a propensity to paranoia.

Ilse Hellman, with Oscar Friedmann and Elizabeth Shephard, in *Simultaneous Analysis of Mother and Child*, describes concurrent treatment of a mother and child at the Hampstead Clinic. The senior author acts as coördinator of the two continuing therapeutic processes. Mother and young adolescent son shared a hypochondriacal fear resulting in school phobia. The child's fear of being poisoned, seemingly a mere projection, was found to be linked to the mother's wish to poison him. The mother's conflict-free love for language and poetry, however, helped to form the son's ego by providing him with a point for identification.

Kata Levy's *Simultaneous Analysis of a Mother and Her Adolescent Daughter*, as Anna Freud in her introduction points out, serves several purposes. 1. It shows points of interaction between mother and child. 2. It demonstrates that not all children 'show direct reactions to the mother's symptoms' but react rather to the defective mothering per se; there is no identification with, nor dovetailing of, symptoms and the child's disturbance differs from the mother's. 3. It shows that in those children whose neurotic disturbance is 'held in place by powerful emotional forces in the parent to whom the child ... is tied', therapeutic progress is encumbered or prevented unless the parent undergoes analysis. It contributes toward understanding of parent-child relationship, especially the necessary successive relinquishing of libidinal positions and gains. A parent's reluctance to give up obsolete libidinal positions is a vital factor in the child's neurotic conflict, just as the child's reluctance is important for the parent's disturbance. The joint effort of mother and child toward regression is, as Anna Freud points out, particularly noxious with the onset of puberty.

The paper describes a tyrannically possessive adolescent daughter with school phobia and hypochondriasis and an overprotective, extremely permissive mother. Alleviation of the daughter's symptoms could be achieved only through understanding the transference of the mother's own sibling rivalry and concomitant œdipal conflict.

Peter Bloss's *Comments on the Psychological Consequences of Cryptorchism* is a careful study of three boys between the ages of ten and twelve with undescended testicle, but with histories that otherwise differed. Bloss finds that cryptorchism in itself does not



appear to be pathogenic. In a disturbed family, however, it—like other physical defects—may become a powerful hindrance to development. Surgery in two cases provided a corrective experience, a permanent restoration of bodily intactness. This was not the case for the third boy whose testicle descended spontaneously. All three boys were found to regard the mother as the perpetrator of the damage; all later anxieties of developmental phases were subordinated to this damage; a vague incomplete body image enhanced by mother's denial was at the root of various ego impairments (in time-space orientation, memory, and thinking); and these boys' accident proneness represented a repetition of the original deliberate castration which the children fantasied and with which cryptorchism was equated in their minds.

Therapy strikingly improved ego impairment and incidentally also resulted in an 'upsurge of masculine sexuality . . . cocksureness . . . a euphoric sense of power'.

Andre Lussier's *The Analysis of a Boy with a Congenital Deformity*—treatment of a thirteen-year-old boy with severe congenital malformation of the shoulders, arms, and hands—shows that castration fear enhanced by gross physical abnormality differs in type from that of physically healthy youngsters only in manifesting '... a permanent unconscious need to compensate for the lack of normal arms'. The patient's mother, whose narcissistic injury in having produced a cripple at first contributed heavily to the patient's neurosis, later responded to his progressive ego development with pride and joy. That in turn 'was a source of great satisfaction to Peter'. The boy's fantasy led to the acquisition of ego skills; his daydreams led to such amazing skills as fishing, playing the trumpet, swimming, life-saving, and bicycling, and in this the analysis was instrumental. Strangely, the author regards the ego function of fantasy as a relatively rare one. To one who has worked with normal children, the tremendous ego forming function of fantasy is at least as impressive as its withdrawal function.

The success of the treatment is credited to the patient's tremendous energy and determination. One wonders whether the author gives himself enough credit. It may be that in the successful treatment of congenitally crippled children not only skill but also countertransference comes into play. When the mother's belief in a child's growth potential is too low, then the analyst's confidence

and cathexis may well provide the patient, by way of identification, with the strength necessary for further development.

The case of a six-year-old boy, in *Psychiatric Implications of Temporal Lobe Damage* by Mary A. Sarvis, shows with beautiful clarity the organic origin of a functional illness. A brain lesion which occurred when the patient was nine months old but remained long unrecognized triggered a number of symptoms viewed by the parents as psychogenic. With the help of the analyst, this most perceptive and articulate child learned to distinguish the more ego-alien physical and pseudoneurotic symptoms from behavior within his control. For instance, his hoarse voice, his clumsy gait, attacks of inappropriate anger, and diarrhea, were attributed to 'Mr. 'Cephalitis' and isolated. The treatment was directed at psychodynamic problems, such as the child's autism and his paranoid reaction toward his mother. That reaction, the therapist explains, was due to the physiological stimulation of the encephalitis, not to family damaging dynamics. In fact, since the mother did not reject this autistic child, she greatly supported his recovery.

MARIA W. PIERS (CHICAGO)

THE NONHUMAN ENVIRONMENT IN NORMAL DEVELOPMENT AND SCHIZOPHRENIA. By Harold Searles. New York: International Universities Press, Inc., 1960. 446 pp.

This volume is a tour de force; a systematic and often original organization of knowledge about an aspect of our environment that is usually taken for granted. Each of us, upon reflection, can recognize the determining importance of the 'nonhuman' in his own life whether it be a familiar landscape, or plant, or animal, or a manufactured object or context of personal importance. When the familiar landscape includes other people, or when the object in question is one of those that serve as a functional or symbolic extension of other human beings or of our own selves—and this is most often the case—the theoretical importance of dividing the nonhuman from the human becomes less clear. Yet the attention devoted to the interhuman (interpersonal) has resulted in insufficient consideration of human-nonhuman interaction and Searles has rectified this deficiency. It may be well to note in passing that both



human and nonhuman elements were included in Freud's world of objects and that the study of intrapsychic processes is concerned with the reception, organization, and evaluation of *all* the information available to a person.

Almost every chapter includes speculations and hypotheses relevant to a general theory of behavior. These are stimulating and in most instances plausible. The most impressive aspects of this work, however, are its specific suggestions for the understanding and treatment of seriously disorganized schizophrenic patients and its accounts of clinical experiences with such patients. A leading theme, discussed from many points of view, is the proposition that human beings must deal constantly with the unconscious desire to become nonhuman. Psychoanalysts will note the possible relation between this idea and Freud's concept of the death instinct and may also relate it to the concept of castration anxiety, among others. The flavor of Searles's presentation is suggested by his statement (p. 179): '... I believe that we (i.e., human beings in general) have anxiety—usually at an unconscious level, and under extraordinary circumstances at a conscious level—not merely that we regress ontogenetically (to an infantile or an intrauterine state, for example) but also lest we regress further, phylogenetically as it were to an animal, vegetable or even inorganic state. Such anxiety is particularly intense, in my experience, in neurosis and psychosis—above all, in the latter.' Again (p. 182), '... the habitual utilization, in the face of recurrent or chronic anxiety, of this particular ego defense, namely, that of dedifferentiation, or regression, to a state of subjective oneness with the nonhuman world, interferes, more than does the utilization of other ego defenses (such as, for instance, the intellectualization employed by the obsessional or the dramatization employed by the hysteric) with the development and maintenance of a sense of humanness, an identity as a human being'.

An important corollary of these two central ideas is that the 'basic ego defect' in schizophrenia is the inability fully to distinguish oneself from the nonhuman environment. This way of looking at schizophrenic patients makes it possible for Searles to take a fresh look at a variety of clinical situations and problems. Some of the issues particularly susceptible to discussion in this light are: body image, ego boundary, concept of personal identity, adaptation (the word itself is not used and does not appear in the index), the sig-

nificance of therapist and patient for each other, and the significance of the physical context in which therapy occurs and in which growing up and acute disorganization have taken place. These issues, and many, many others are illustrated with rich clinical vignettes and supported by detailed references to the literature of human behavior including the works of poets, novelists, and philosophers as well as of professional investigators and modifiers of behavior. Searles acknowledges particular theoretical debts to Heinz Hartmann, especially to his concept of 'dedifferentiation', and to David Rapaport's idea of 'stimulus slavery'. He notes in his introductory section (page 76): 'Much of my case material will highlight the degree to which . . . some of these individuals become enslaved to stimuli from the environment—including the nonhuman sector . . .'.

To sum up: a useful contribution by a dedicated and creative thinker; investigators and therapists of schizophrenics will want it on their shelves. I wish that the editor's blue pencil had been used a bit more freely—too many and too long quotations, too much overlapping, and so many hypothetical formulations that I sometimes wanted to cry for help.

EUGENE B. BRODY (BALTIMORE)

CONTEMPORARY THEORIES AND SYSTEMS IN PSYCHOLOGY. By Benjamin B. Wolman, Ph.D. New York: Harper & Bros., 1960. 613 pp.

Two principal approaches to surveying the field of psychology are the historical and the systematic. Most major university psychology departments require their students to study both the historical development of psychology and the chief distinguishing features of some major psychological theories. Historical study of the field is assisted by several superb texts, among which are Boring's *History of Experimental Psychology* and Murphy's *Historical Introduction to Modern Psychology*. There are no comparable surveys of systems of psychology. Benjamin Wolman, a teacher of psychology who has also had experience in clinical work and research, set himself the task of writing a definitive exposition of current theories and systems in psychology. His is an ambitious undertaking. He divides contemporary psychological systems into three families, each with an inspirational father: Pavlov, Freud, and Dilthey. Part one considers mainly the psychology of learning as influenced by Pavlov and



as elaborated by Watson, Lashley, Hull, Hebb, Tolman, and Skinner, among others. Part two contains an exposition of psychoanalytic theory, first as Freud developed it, and then as attempts were made to modify it by Adler, Jung, Rank, Horney, Fromm, and Sullivan. In part three Wolman considers the systems of Spranger, Stern, G. Allport, K. Lewin, and Gestalt psychology. In part four the author presents his synthesis and his own point of view, which is heavily influenced by Freud's thinking. An impressive bibliography of over one thousand titles concludes the work.

Wolman's examination of the major systems is both expository and critical. He points up gaps and strengths in the theories under discussion and, in a scholarly fashion, indicates relationships among apparently disparate points of view. He includes accounts of published critiques, comments on those critiques, and adds his own evaluations of the various psychological systems.

The section on psychoanalysis will probably be of less value to psychoanalysts than the other sections because it is hardly an effective survey of the contemporary psychoanalytic scene. Although he devotes approximately fifty-five percent of his section on psychoanalysis to Jung, Adler, and the neo-freudians, there is no mention of the crucial theoretical contributions within the freudian framework of Hartmann, Kris, Loewenstein, Erikson, and Rapaport. His treatment of psychoanalytic research is limited to studies, made chiefly in the thirties and forties, that purported to confirm or refute psychoanalytic formulations about personality development. Wolman ignores the burgeoning impressive body of investigations of perceptual and cognitive processes (those, for example, of G. S. Klein and C. Fisher) that represents an experimental psychological approach from within contemporary psychoanalysis. There is also a tendency to uncritical usage of psychoanalytic terminology which misleads the reader about the nature of psychoanalytic constructs. For example, '... [the ego] regresses into id by falling asleep or fainting' (p. 248). It is regrettable that Piaget's investigations and developmental theory receive no exposition but are only alluded to in a few brief and incidental asides.

A psychoanalytically trained reader interested in a survey of some major psychological systems will profit from studying the sections on Conditioning, Behaviorism, and Purposivism, and Understanding, Gestalt, and Field Psychologies. These sections provide a good

introduction to the subject matter, methods, and methodological foundations of some major psychological systems.

PHILIP S. HOLZMAN (TOPEKA)

THE INFORMED HEART. AUTONOMY IN A MASS AGE. By Bruno Bettelheim. Glencoe, Ill.: The Free Press, 1960. 309 pp.

Scientists, artists, and all men who make intelligence a way of life seem seized by an immediate responsibility to confront with their understanding those challenging social and political crises which mark our age as violent and erratic. Dr. Bettelheim's book is a vivid picture of the scientist thus engaged. He has written a tract, a call to vigilance against the unique danger of modern mass society, an irreversible dissolution of individuality. At every turn he tries to arm vigilance with a program, with specific means for action. In the end, however, he can indicate only the general direction of individual development implicit in his warning. His psychoanalytic training enables him to make acute observations on the influences of technological society and the mass state on the individual. His example is his own hard experience. Therefore he can make clear what is so often inaccessible,—the deeper psychoanalytic connections of moral feeling and action.

The Informed Heart is a moral autobiography. Dr. Bettelheim has always been an educator, trying to help the child and man achieve freedom of intention and of action, to maximize inner controls and minimize those outer controls implemented by social forces. Individual identity, upon which depend self-respect and self-realization, is thus developed. Dr. Bettelheim chose psychoanalysis as the instrument by which to achieve these aims. Analysis, he believes, failed him because it was developed in a vanished way of life which took for granted the external world and it ignores 'reality' in favor of the unconscious. This conclusion was forced upon him after he was thrown into an 'extreme situation': imprisonment at Dachau and Buchenwald. Concentration camps and later emigration crystallized the purposes of his life: to develop the personality through social and educational influences so that man can stand up to any environment, or change it and himself as radically and suddenly as necessary. Adaptation to an 'average expectable environment' (Hartmann) will not do. Work with psychotic children under-



scored for Bettelheim the influence of 'meaningful human relations, satisfying living conditions, and significant goals' in the development of 'human potentialities'. Man's 'true self' is located in the area of intention and action, as is his freedom, human dignity, and moral existence. The inner world of thought, feeling, imagination is subordinate except as a necessary condition of the integration of values and interests and the organization of the 'informed heart' required for optimal adaptation.

Bettelheim shows that the ordinary citizen of the mass state resigns his personal freedom in favor of external controls for convenience and because of the automatic persuasions of social pressures. The next step is abdication of all volition; finally, individual identity is destroyed in the concentration camp and extermination is accepted. This is the inevitable course of technological mass society.

Bettelheim's critique of mass society seems tame enough, familiar because of its long popularity with our critics of modern culture, and somewhat naïve and old-fashioned for a social psychologist. Work, leisure, sex, family life no longer satisfy 'the true wants' of the individual. In effect society supplies substitute satisfactions which insure the essential coöperation of its members. Inertia or an explosion of instinct are avoided by outer controls, the individual abdicates personal responsibility and conviction, and his self-respect must soon be supplied by the unique state.

This pattern at its maximum intensity is Bettelheim's vision of the concentration camps. His description, occupying the major part of the book, is horrifying and unforgettable. It follows the desperate struggles of the prisoner as he tries to preserve his physical existence without sacrificing his moral existence. Abuse, physical trauma, humiliation, nonsensical work, and an assembly-line regulation of bodily functions produced 'childlike behavior'. Sense of time was destroyed. 'The last human freedom', to choose one's own attitude, vanished. The 'old prisoners' were utterly resigned, having no personal inner response. They completed the parallel to mass society by their identification with the values and behavior of the SS. Pride in the achievements of the National Socialist State and belief in racial superiority (by non-Jews) brought back self-respect. A grotesque parody of mass society resulted. Every 'defense' (adaptation) 'that stayed within the frame of reference of the system promoted the goals of the system'. At the outset, there was denial ('not really

happening to me') and with it rationalization ('I must be a dangerous enemy to have been imprisoned' or 'It doesn't matter what I do here, conditions are so unbearable, and anyway, by my suffering, I protect my family and friends'). But personal responsibility and reality testing were vanishing. Crucial was the increasing ambivalence and resulting isolation ('emotional detachment') with regard to the family and all external relations. With these ordinary connections of experience loosened, the memories and the means of reason seemed to disappear. Shared megalomaniac daydreams, crude and vague, became the sole representatives of mental activity.

Bettelheim's imperative question, Why didn't they fight back? he answers by noting that there were no 'targets for fury'. Aggressive aims were in conflict with reality, endangering survival. Therefore, the aggression had to be turned against the self. Aggression was also projected by the prisoner onto the persecutor, the SS. The end of the process was loss of the will to live and acceptance of death in the way planned by the executioners.

The author is convinced that those who died in the extermination camps suffered from a fatal inertia, a 'death instinct', from the outset. They denied that they could die, that other men could be inhuman. In the early days of the National Socialist State, when some emigrated, or later, when others fought underground, they clung to the intimate family, their possessions, their way of life. This failure of response is the essential point of Bettelheim's discussion of the impact of the camps and the Nazi State on the German civilian. Each inroad on personal independence was kept small enough for radical action at any particular point to appear inappropriate so that, insidiously, any action would soon be impossible. Group punishment, encouragement of denunciations of group leaders by malcontents, the absolute discipline of party members, a random terror which necessitated anticipation of the State's expectations, the threat of the camps,—all these sapped inner strength. Regulations of the most minute activities made it impossible for the citizen to preserve any mental reservations without losing his self-respect. With family support diminished by deliberately fostered mistrust, the government became the unique source of friendship, self-respect, and respect from others. Its power over the individual and its spell were irresistible.

Dr. Bettelheim's essay, because of his idealism, leads into the treacherous paths of social engineering. He has asked that man



wrestle here and now with his social and physical world so that he may protect and further develop his newly possessed autonomy. But he himself fights according to his opponent's rules; all serves greater flexibility of adaptation and is measured by satisfactions in the family and achievements in work. In this way the external world is able to return with subtler and more numerous regulations. As a corollary when he urges increasing integration and organization in the place of the denial and consequent inertia that are the prelude to aggression turned against the self, his only interest is their use in concrete goals of adjustment. Yet these functions are also critical for a rich and elaborate proliferation of inner mental life of which the ultimate consequences, synthetic as well as adaptive, are for long periods unforeseeable. Also, since his credo is that aggression properly used supplies the solution to society's challenges, the author omits consideration, fascinating and bitter though it might be, of the insoluble contradictions reality sometimes offers.

One wonders that ease of mass regression does not have a place in this study, at least of the camps and the German State. Its dynamic position may be as important as that of social anxiety in individual behavior in mass society. The neglect of both of these factors corresponds to the almost harsh demand the author makes on the individual. There is to be no compromise over the necessity of taking an inner stand, of being ready to act and at just the moment chosen as most appropriate to the prevailing realities. That one has been or may be torn out of the everyday relations and connections of one's life, that a regressive milieu is intensely seductive, is to be sturdily assimilated.

Perhaps what is disquieting about this book can best be grasped in its slight to history. In the one reference to German national character and German history these forces are discounted as factors in the rise of National Socialism. The ancient history of genocide is not mentioned, nor, for example, the question of the differentiation of brief perturbations from evolving trends in social structure. Of course, history's lesson would have been:

'Cast a cold eye  
On life, on death.  
Horseman, pass by!'

ISAIAH A. RUBIN (NEW YORK)

A SYSTEM OF MEDICAL HYPNOSIS. By Ainslie Meares, M.D. Philadelphia: W. B. Saunders Company, 1960. 484 pp.

HYPNOSIS IN TREATMENT. By William Moodie. New York: Emerson Books, Inc., 1960. 168 pp.

Both authors are practicing psychiatrists, Meares in Melbourne and Moodie in London. Both books are clinical works on the use of suggestion and hypnosis in psychotherapy. Meares's volume is a systematic textbook, including a section on hypnosis in general medicine. Moodie's is a collection of case vignettes. Both are based on common-sense psychology seasoned with a dash of psychoanalytic spice. Neither is of value to the psychoanalyst. Meares's book is of some use to the beginner because he pays attention to the patient-therapist relationship and because of his detailed technical advice.

MERTON M. GILL (BERKELEY, CALIF.)

ACTION FOR MENTAL HEALTH. The Final Report of the Joint Commission on Mental Illness and Health, 1961. New York: Basic Books, Inc., 1961. 338 pp.

The Joint Commission on Mental Illness and Health, under the leadership of Drs. Kenneth Appel, Leo Bartemeier, and Jack Ewalt, comprised thirty-six organizations interested in one aspect or another of the problems of mental illness and what to do about it. The purpose, in the words of the Mental Health Study Act of 1955, was to provide 'an objective, thorough, and nationwide analysis of the human and economic problems of mental illness' and the development of '... recommendations for [the] better utilization of resources'. The funds (over \$1,500,000) were provided almost entirely by Congress. The present volume presents the final report of the Commission and a comprehensive and authoritative report it is. In addition, six monographs have been published and four more are in preparation, written by experts and dealing in detail with such matters as the Economics of Mental Illness, Mental Health Manpower Trends, Community Resources, The Churches and Mental Health, and New Perspectives on Mental Patient-Care, to name only a few. The principal points made in these volumes are given in the final report.



It is obviously impossible to summarize in these few lines eleven volumes and five years' study of the many-faceted problems of mental illness. However, a few findings and recommendations may be mentioned. That mental hospitals have, in general, been inadequately financed and manned is thoroughly documented in the report along with enlightening comments as to the basic reasons. Dr. George W. Albee relates 'the shortages in mental health manpower to the shortages in other categories of professional manpower and to the deficiencies in our system of secondary and higher education'. He believes that 'the trend in our social and cultural values has been anti-intellectual, anti-educational, and anti-professional' (p. 141). In short, much more than money is needed if progress is to be made, or indeed if we are to succeed even in 'treading water',—money for such purposes as student scholarships and further aid to medical education.

The development of greater community resources for the early recognition and treatment of mental disturbance, the increase of psychiatric facilities in general hospitals, the further use of day hospitals, foster homes, nursing homes, night hospitals, and halfway houses, the furtherance of public information, a vast increase in research, both basic and clinical, the facilitation of admission to hospitals, the abolition of residence requirements for eligibility for hospital care—all these are discussed and strongly urged.

One recommendation has to do with the size of mental hospitals. The report states, 'No mental hospital now existing should house more than one thousand patients. Any larger than that should be converted within the next ten years into centers for the long-term and combined care of chronic diseases, including mental illness' (p. 268). Some question may be raised about setting an arbitrary limit of size and the experts on the care of chronic illness are apparently not unanimous in advocating separate facilities unrelated to general hospitals. There is a vague relation in this latter notion to Dante's version of the inscription over the gate of *The Inferno*!

One big question, and perhaps the most important, is that of money. Federal, state, and local expenditures for public mental hospitals, says the report, 'should be doubled in the next five years and tripled in the next ten' (p. 284). To this end, a progressive participation by the Federal Government is urged, together with a greater support by local governmental agencies. Two dissenters to

the report questioned the propriety of the Commission in presuming to advise governmental agencies on the raising and expenditure of public funds; others, particularly legislators, may raise similar questions.

Be that as it may, the report certainly accomplishes what the Commission intended. Here we have an authoritative and comprehensive picture of the problems of mental illness and health as it has never been painted before. We are not only told what is wrong but what is needed. The volumes are of vital importance to those of us who are professionally involved; they should also be read, pondered, and inwardly digested by our lawmakers and indeed by all intelligent citizens. The funds appropriated by Congress have been well invested.

WINFRED OVERHOLSER (WASHINGTON, D. C.)

SOCIOLOGY OF CRIME. Edited by Joseph S. Roucek. New York: Philosophical Library, Inc., 1961. 551 pp.

The jacket informs us that this volume 'is the only one in English which surveys broadly the sociology of crime'. Certainly there is breadth—twenty-one chapters in all under the general groupings, Framework, Socio-Psychological Aspects, Experimental Efforts at Treatment, Sociology of the Police, Selected Global Aspects, The USSR and the European Satellites. Each, except for the USSR groups, is by a different author or pair of authors and, as is almost inevitable in such a collection, the chapters vary in quality. Each (except the one on psychopathology) is written by a sociologist and is followed by footnotes and a selected bibliography.

Some chapters, however, appear somewhat oversimplified and occasionally inaccurate or sweeping. Professor Newman, for example, in *Legal Norms and Criminological Definitions*, informs us in speaking of insanity as a defense that 'no two experts can agree on its definition, symptoms, or causes' (p. 59). Perhaps the least rewarding chapter is *Psychopathology of the Social Deviate* by Dr. Nathan Masor. We are told that 'the psychopathic personality . . . is an individual who is unable to adjust satisfactorily to the accepted code of ethical, social and moral climate' (p. 93). The author also discusses 'the occult psychotic, a newly formulated concept, . . . described for the first time in my book, *The New Psychiatry*' (p. 97). In less



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than forty pages he discusses psychoses, neuroses, homosexuality, prostitution, and premenstrual tension. Finally, we are told that 'the predominant factor of criminality in females remains the same as with males, namely, the predisposition to psychopathy' (p. 133).

The book will find numerous readers because it provides some general information on an ever-popular topic.

WINFRED OVERHOLSER (WASHINGTON, D. C.)

## ABSTRACTS

International Journal of Psychoanalysis. XLI, 1960.

**Phylogenesis and Ontogenesis of Affect- and Structure-Formation and the Phenomenon of Repetition Compulsion.** Max Schur. Pp. 275-287.

This paper reconsiders, in the terms of Rapaport's second model of passivity,<sup>1</sup> the freudian concept of the repetition compulsion. Rapaport's model postulates the discharge of accumulated drive tension without a contribution by the ego.

In man, some links of instinctive behavior may be retained and become interlocked with acquired patterns in order to form ego structures. The instinctive inhibitory mechanisms of avoidance, withdrawal, and anxiety may form such structures. In states of overwhelming danger or ego weakness, the avoidance mechanisms may revert to their primitive forms in which they are dissociated from the control of the ego. In these states tensions are built up which are repetitively and automatically discharged, giving rise to the phenomenon of the repetition compulsion. This follows the need for the reduction of tension postulated by Freud in his pleasure-unpleasure principle, even though the affect experienced in the discharge of anxiety in the repetition compulsion is unpleasant.

Freud introduced the concept of repetition compulsion as characteristic of drives. However, if we assume that the repetition compulsion is not a drive but is typical of all instinctual behavior, it is then possible for the defensive aspects of the self, rooted in instinct, to require periodic discharge for homeostatic reasons; when due to states of regression and/or overwhelming stimulation, they return to their primitive characteristics and are independent of the ego.

**Premature Ego Development: Some Observations Upon Disturbances in the First Three Months of Life.** Martin James. Pp. 288-294.

James describes a syndrome which is common in the first three months of life. In an infant, in a state of tension due to inadequate feeding and mothering, a premature ego development appeared with some prepsychotic types of verbal and motor behavior. In spite of therapy, this behavior persisted to the age of seven years.

It is postulated that an environmentally acquired part of the psychic constitution, comparable to neural patterning, may be developed through emotional trauma which becomes irreversible and unalterable by psychoanalysis. The author confines this type of change to the first months of life.

**The Relationship of Early Ego Identification to Superego Formation.** Samuel Ritvo and Albert J. Solnit. Pp. 295-300.

The process of internalization is a continuum from perception to imitation, and then to taking over a characteristic of an object in an ego identification.

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<sup>1</sup> Rapaport, David: *The Theory of Ego Autonomy. A Generalization.* Bull. Menninger Clinic, XXII, 1958, pp. 13-35.



The more developed the process of internalization, the more intimately blended is that characteristic as part of the ego. Early identifications leave their imprint in later superego formation. They form around the limitations and restrictions of behavior developed in the interaction between mother and child. Internalization is more apt to occur if the mother image is experienced as good; projection, if it is felt as bad. The way in which the superego facilitates or interferes with the ego's adaptation and formation of the ego ideal is discussed.

**The Primal Significance of the Tongue.** Augusta Bonnard. Pp. 301-307.

The author amplifies the proposition suggested in a previous paper,<sup>1</sup> that the first measure of experience of the infant is through the tongue, and that the tongue is of primary significance in the organization of the body ego, serving as a primal medium of object cathexis. The clinical material was derived from four patients whose histories gave evidence of early disturbances of ego synthesis and whose symptoms included tongue swallowing and tongue sucking.

**Symposium on Psychoanalysis and Ethology.** Charles W. Tidd, John Bowlby, and I. Charles Kaufman. Pp. 308-326.

Tidd discusses some of the areas of contact between ethology and psychoanalysis. Psychoanalysts are interested in the field because of the theory of instincts supplied by the ethologists which in many respects parallels the psychoanalytic theories. A brief summary of some papers by analysts who attempt to apply ethological concepts to their clinical observations is given.

Bowlby reviews the first hydrodynamic theory of Lorenz that an instinctual response is conceived as becoming active when a sufficient quantity of reaction-specific energy has accumulated. This is similar to Freud's instinct theory. The present concept of Lorenz is that of a response system which is activated by one complex mechanism that considers both internal and external stimuli and is switched off by another similar mechanism. Bowlby discusses how the concepts of attachment and response elucidated by the ethologists have led to his own ideas of the importance of clinging and following in the maturation of the infant.

Kaufman describes the related concepts of instinctual drive and energy, central in the theories of both ethology and psychoanalysis. The work of the ethologists suggests that there are no unitary drives but that there are discrete, instinctual patterns existing in a hierarchy of importance, that these develop in a maturational sequence, and that they are integrated and modified by learning. In these concepts libidinal drives are seen as secondarily acquired and are based on the processes underlying sexual excitation.

**Perception, Imagination, and Reality.** David Beres. Pp. 327-334.

Imagination is defined as the capacity to form a mental representation of an absent object, affect, body function, or instinctual drive. It is a process whose products are images, symbols, fantasies, dreams, ideas, thoughts, and concepts, comprising a complex psychic function which is the result of a group of ego

<sup>1</sup> Bonnard, Augusta: *Pre-Body Ego Types of (Pathological) Mental Functioning*. J. Amer. Ps. Assn., VI, 1958, pp. 581-611.

functions and is a specifically human adaptation to reality. It occurs both in primary and secondary process thinking. It is differentiated from the sensorimotor affective immediate response to stimuli of animals and infants. Metapsychological and genetic implications are discussed.

**Dream and Psychosis.** Maurits Katan. Pp. 341-351.

Despite Freud's remarks and a striking outer similarity, dreams and psychoses arise from quite different ego configurations. The psychotic process consists of two phases: the first, due to a breakdown of the ego, results in withdrawal from reality and regression to an undifferentiated state; the second leads to attempts at restitution and it is then that psychotic symptoms appear. The similarity to the dream occurs in this second phase, and not all parts of the ego are involved.

In the dream, the ego has to keep its level of cathexis as low as possible to protect sleep; a hallucinatory wish fulfilment is the ego's offering to the impulse to secure this cathexis. The psychotic symptom occurs in waking life and does not stem from the ego's need to lower cathexis. Dangers arising from conflict force the ego to regress, sever its ties to reality, and prevent a return. Primary process, hallucinations, and delusions are used in the ego's attempt to undo the undifferentiated state to which it has regressed. The undifferentiated state does not contain cathected memories but rather is the ego's attempt at restitution which recathects the infantile memories. Thus the memory of the infantile trauma makes its influence felt both in the content of the psychotic symptom and in the normal dream. In the psychotic symptom this is due to the attempt of the psychotic ego to regain touch with reality whereas in the normal dream the infantile memory serves to gratify the instinctual need.

**The Background of Safety.** Joseph Sandler. Pp. 352-356.

Sandler postulates a safety principle in the ego which mediates between the development of the reality principle and the pleasure principle. All of the ego functions which subserve adaptation can be considered as being directed toward the mastery of excitation. The author makes a distinction between sensation and perception: the latter signifies an ego function whose chief purpose is to master incoming sensations by organizing sensory data, thus protecting the ego from trauma. Successful sensory integration is accompanied by anxiety reduction but it also contributes to a background feeling within the ego—a feeling of safety. This perception need not be tied to consciousness. The ego attempts to heighten the safety level, mainly through modification of the excitation which has passed the external protective barrier, and deliberate and purposive manipulation of the external world.

**On Basic Unity.** Margaret Little. Pp. 377-384.

Patients with psychotic types of transference seek to establish a state of total identity with the analyst. This state of undifferentiation is called by the author 'basic unity'. The patient needs to regress in order to repair the 'basic fault' caused by the traumatic infantile experience. As a consequence, certain transitory states of delusion and depersonalization occur. Apparently only awareness of intense distress, annihilating the sense of being a person, is present. Great



care is necessary in the management of these states lest acts of destruction occur. Successful working through leads to the ability to form real object relationships.

Several case reports, notes on technique, and a theoretical discussion of the normal and pathological development of differentiation and undifferentiation are included in the paper.

**Further Remarks on Countertransference.** Annie Reich. Pp. 389-395.

Countertransference comprises the effects of the analyst's own unconscious needs and conflicts upon his understanding or technique. The patient becomes an object in relation to whom the analyst experiences infantile feelings. The analyst listens, using his knowledge and his intuition, and should be legitimately concerned with the psychological obstacles within himself. In psychoanalysis proper, countertransference can never be anything but a hindrance to the proper functioning of therapy. At best, one should be given credit for the readiness to acknowledge and the ability to overcome the countertransference.

**The Role of Silence in Transference, Countertransference, and the Psychoanalytic Process.** Meyer A. Zeligs. Pp. 407-412.

Zeligs deals with the problem of silence in the analytic situation, both as communication and as resistance. Body postures, as communication, may give substitute information. After presenting the metapsychology of silence, the author discusses the multitudinous ways in which silence is used by both the analyst and the patient. He indicates various technical devices whereby the silence of the patient may be understood and interpreted by the therapist.

**Empathy and Its Vicissitudes.** Ralph Greenson. Pp. 418-424.

Empathy is defined as emotional knowing, the temporary experiencing of another's feeling. One partakes of the quality, not quantity, of the feeling, which is preconscious. It is an essential prerequisite for the successful psychotherapist.

There are various pathological states of empathy in the therapist. Both inhibition and loss of control of empathy may occur due to the therapist's own conflicts. Understanding by empathy may become an instinctual temptation which is either a danger to be avoided or a pleasure to be enjoyed. The ideal therapist is both observer and participant. Listening to, and thinking about, the material is insufficient. One has to be in good emotional, nonverbal contact. Part of the self has to become the patient. The therapist does this through the model of the patient that he has built up within himself during the previous sessions. The reactions within this working model will determine the dosage, timing, and tact of the interpretations.

**The Schizoid Personality: Affects and Techniques.** M. Masud R. Khan. Pp. 430-437.

The author reviews the significant papers by Fairbairn, Helene Deutsch, Winnicott, and others which delineate the schizoid personality and describe therapeutic difficulties. Khan maintains that these patients present a new clinical task that can be resolved with the classical analytic technique. Recent

researches into infant and ego psychology divulge the means to tackle the clinical problems. The proper mothering environment for the development of the patient's ego can be fashioned in the analytic situation.

It is ego regression to the primitive state of undifferentiated, unintegrated affectivity that patients seek, and this is the source of their most adamant resistance. The analyst should allow ego regression but at the same time see that the patient works through it by means of a new reality oriented relationship to the analyst. Both insight and transference affect the working through.

**Symposium on Disturbances of the Digestive Tract.** Angel Garma; Melitta Sperling; Samuel Z. Orgel; Willy Højer-Pedersen; Bela Mittelman. Pp. 444-466.

Garma believes that patients suffering from peptic ulcer form transference relationships with love objects destined to frustrate them genitally, thereby causing a regression to oral-digestive fixations. In the unconscious there is reactivation of a destructive mother image who sucks, bites, and digests these patients from within and forces them into harmful modes of eating. This leads to somatic processes which terminate in peptic ulcers. The author stresses the psychogenic elements in ulcers, wherein the symbol and its accompanying affect autoplastically alter the soma. This is similar to the dynamics of the pregenital conversion symptom in hysteria. The effects of any therapy directed toward the alleviation of the somatic aspects of the illness are minimized.

Sperling deals with the rich unconscious fantasy life of a patient suffering from ulcerative colitis, and relates these fantasies to the specific somatic symptoms of the disease. She feels that ulcerative colitis is an organ neurosis with pregenital conversion symptoms. In the case cited the colon assumed the role of a sexual organ without manifest fears or inhibitions of the genital act itself. The fears and fantasies were of a pregenital nature and were acted out in the bouts of ulcerative colitis. Treatment transferred these conflicts to the genital area, from whence they were ultimately resolved. Sperling minimizes the importance of congenital factors in the predisposition of idiopathic ulcerative colitis. She considers the somatic symptoms pregenital conversions based on unconscious fantasies and conflicts in a person predisposed to such a reaction by a specific mother-child relationship in early life.

From material gathered from analyses of twelve patients with peptic ulcer, Orgel concludes that long-standing neuroses were present in all the cases. The ulcer appeared as a symptom when environmental stresses intensified infantile conflicts. Oral-receptive and oral-demanding attitudes dominated the personalities of these patients. The character neurotics had a strong oral fixation; in the obsessional neurotic and mixed psychoneurotic, regression was more important and represented a retreat from an unresolved oedipal conflict. Inability to release their aggression outward caused these patients to discharge the conflict in the form of somatic and emotional suffering.

According to Mittelman there is no specific structure or dynamics to be found in the peptic ulcer patient or, for that matter, in any psychosomatic disease. A significant number of patients may fit a specific picture but some do not. The reason for this seems to be found in a somatic constitutional predisposition to psychosomatic illness of the organ system involved. It is not clear whether



this constitutional factor is congenital or due to very early psychological traumatic experiences.

**On Drug Addiction.** Herbert A. Rosenfeld. Pp. 467-475.

The author discusses the use of the psychoanalytic method in drug addiction, provided the drug habit is controlled. The dynamics of drug addiction are described, using the theoretical concepts of Melanie Klein. It is closely related to manic-depressive illness but not identical with it. The addict uses manic and depressive mechanisms which are re-enforced and altered by the drug; the drug has both a symbolic meaning and a pharmacotoxic effect. The weak ego of the addict cannot bear the pain of depression and early resorts to manic mechanisms which can only be achieved with the help of drugs. The drug addict is mainly fixated at the paranoid-schizoid position although he has partially reached the depressive phase. The weakness of the addict's ego is related to the severity of his ego splitting; the prognosis in therapy depends on the extent to which the analysis can help the patient integrate the split-off parts of the self. An extensive case report is presented.

**Symposium on 'Depressive Illness'.** Elizabeth Zetzel; Sacha Nacht; P. C. Recamier; W. Clifford Scott; Gustav Bychowski; Melanie Klein; Herbert Rosenfeld. Pp. 476-513.

Granted essential agreement as to the dynamic, structural, and economic significance of depressive illness, Zetzel raises the question as to whether adult maladaptation can occur without important infantile prototypes. The life cycle may be considered from birth to death as a developmental sequence with specific critical periods. Psychic development does not have to be viewed as completed with latency or even with maturity. Environmental stresses are seen as causative factors in mental illness, especially those pertaining to the later crises of life. Whereas Abraham regarded depressive illness primarily as the result of instinctual regression to a level of pregenital fantasy and conflict, today the trend is to focus primarily on the regressive modifications of both ego and superego which facilitate the emergence of archaic states. These modifications may be induced by present maladaptation as well as by past.

Nacht and Recamier discuss the genesis and dynamics of depressive illnesses. The sense of loss of love is the fundamental depressive situation. The broken bond, once experienced as part of the primary relationship to the mother, is required by the depressive personality in order to be both very close and exclusively loved. Feeling constantly threatened by the massive irruption of his own aggressions, the depressive character needs the love of the object to maintain the equilibrium between love and hate which tend in him to defuse easily. He is unable to effect a true identification to replace the lost object since the need for love of the real object is too great. He does attempt an unneutralized introjection wherein the hatred can be discharged against a self which is now subject and object. The authors classify the clinical varieties of states of depression according to the degree of disintegration of the love relationship and according to the degree of internalization of object relations. They agree with the Kleinians that the fixation point of depression is at that stage of object differentiation

at which it is topographically but not yet economically distinguished from the subject. It is also at this point that the fusion of opposing drives occurs. The authors disagree with the Kleinians in that they feel that one cannot speak of an ego or object at this stage in the true sense of the word, nor do they feel that the Kleinians grant sufficient importance to the influence of reality in the development of the predisposition to depression.

Scott reviews the literature pertaining to the relationship of the ego organization in pathological mourning to neighboring psychological states. He feels that more attention should be paid to the transition areas between 1, schizophrenia and depression; 2, mania, neurosis, and normal mourning; and 3, enthusiasm and depression. A patient is described who learned to tolerate the conflicts leading to depression and mania with the eventual emergence of normal mourning and enthusiasm.

Bychowski distinguishes between chronic and latent, and borderline depression. In the latter the depressive core is masked by a façade of character traits and neurotic symptomatology which only occasionally gives way and reveals the structure of the unconscious ego. New object relationships are built with insufficient cathexes since considerable amounts of libido remain invested in the introjects. Unsublimated primitive aggression, brought on by the unconscious goal of masochistic provocation, may break through in many ways. Addictions and eating problems may also complicate the picture. Changes in the intrapsychic equilibrium, brought on by inner or outer stress, lead to a weakening of defenses and the outbreak of manifest depressive illness.

Melanie Klein briefly reviews her concepts of the depressions experienced by the paranoid schizophrenic. The paranoid-schizoid position is bound to splitting processes and contains the fixation points for schizophrenia; the depressive position contains the fixation points for manic-depressive illness. The persecutory anxieties and splitting processes characteristic of the paranoid position continue, albeit diminished and altered, into the depressive position. The changes are due to the increase in fusion of the life and death instincts. The first phase marks the internalization of the mother in her good and bad aspects. In the second phase the preservation of the good object becomes more important since decrease in fragmentation leads to an increasing awareness of the differences between the good and bad objects. Depressive features in paranoid schizophrenics are not as easily recognized as in manic-depressive states. Owing to processes of fragmentation, and to the violence with which these take place in the schizophrenic, depressive anxiety and guilt are split off. The schizophrenic also easily projects depression and guilt.

Rosenfeld discusses the importance of the precipitating factor in the depressive illness. It is the analytic view that depressive illness is almost always precipitated by an object loss. The patient unconsciously believes that his aggressions have omnipotently caused this loss. All earlier experiences of object loss, leading to the earliest anxieties of the primal infant-mother relationship, are now reactivated. However, it is not only a disturbance in an object relationship which can cause a depression. Some patients become depressed when confronted with a situation which makes them aware that they or their lives are incomplete, that certain parts of their personalities have been split off and denied.



**The Psychology of Bitterness.** James Alexander. Pp. 514-520.

The author feels that the study of affects has trailed behind the study of drives and the ego. He sees affects as composite structures which are qualitative entities containing ideational and drive elements, existing in both the conscious and the unconscious. He specifically attempts to deal with the affect of bitterness, both in its metapsychological and applied aspects. The bitter person feels resentful about pain which appears to be deliberately inflicted and unnecessary. The genesis of bitterness lies in the nursing phase and the first bitter taste comes from regurgitated bile. It may acquire pathological significance as a result of the simultaneous occurrence of traumatic fixations. Bitterness is a protest against object loss and a goal toward re-instatement of the lost object.

**Symposium on Psychotic Object Relationships.** Serge Lebovici; Rene Diatkine; Margaret S. Mahler; Decios S. DeSouza. Pp. 540-558.

Lebovici presents fragments from the analyses of a psychotic child and his mother. The psychopathological structures of each are compared and the partial incorporation of the mother's into the psychic structure of the child is shown. The author, however, does not depreciate the importance of phenomena impeding maturation and ego development in the psychotic.

Diatkine discusses the formation of psychotic object relationships in infancy. Catamnestic studies combined with psychoanalytic treatment of young children suffering from severe ego disturbances are described. The author disagrees with the Kleinian concept of the early development of the relationship to objects. He feels that fantasies concerning objects are elaborated in later years and do not give a valid picture of the processes in the first year of life. Object relationships are better conceptualized as the warping of instinctual mechanisms without psychological awareness of objects.

Mahler describes, with a few clinical illustrations, mechanisms of defensive regression in which the blurring of intellectual and affective discrimination of the human object world from the inanimate environment occurs. Since, in these cases, impulses are perceived as impelling commands whose aggressivity threatens the disintegrating psychotic ego, the dehumanization of objects acts as a defense against the perception of reality and the demands of the superego.

DeSouza discusses the case of a three-year-old schizophrenic girl who developed symptoms after the birth of a sister. Using the concepts of Melanie Klein, he attributes the child's regression to an inability to work through the depressive situation occasioned by the arrival of a sibling. This inability seemed to be connected with traumatic fixations at the paranoid-schizoid level caused by premature weaning in the first month of life.

**Considerations Regarding the Parent-Infant Relationship.** Phyllis Greenacre. Pp. 571-584.

The author discusses those aspects of the parent-infant relationship which interrelate with the maturational force inherent in the autonomous ego development of the infant during the first two years of life. The focus is almost exclusively on the biological beginnings of aggression as it is involved in skeletal

muscle maturation, and the relation of this to the development of the ego. The development of the libidinal phases has been thoroughly discussed elsewhere and is minimally dealt with here. Greenacre describes the intricate interrelationships between autonomous ego structure, maturation, environment, and ego development. The important period is that in which the foundation is laid for a healthy separation from the mother, the establishment of a sense of reality, of object relationships, secondary process thinking, and a sense of identity.

**The Theory of the Parent-Infant Relationship.** D. W. Winnicott. Pp. 585-595.

The earliest phase of infant development is called by the author 'the holding phase'. By this is meant not only physical holding but also the protection of the infant from physiological insult. This is the stage of primary process, primary identification, auto-eroticism, and primary narcissism. Beginning with gestation, the normal mother focuses her attention on the developing child and through a process of projective identification responds to the child's needs on a twenty-four-hour basis. When the child reaches the next stage of differentiation from mother, she responds to the child's need for separateness by relinquishing her involvement. This maternal care complements the infant's weak ego, permitting him to grow powerful and stable. The infant develops means for going beyond this stage through the accumulation of memories of care, the projection of personal needs, and the introjection of care details, accompanied by the development of confidence in the environment. Anxiety at this period is experienced as annihilation. Without proper maternal care, the ego is distorted or destroyed.

This earliest stage is not recoverable as memory in psychoanalysis. In working with borderline cases, where there has been a disturbance in this period the psychoanalyst, like the mother, has to be sensitive both to the patient's need for symbiosis and for separateness. The study of the transference-countertransference relationship can furnish us with valuable information about this earliest period of ego development.

**Typical Anxiety Dreams and Object Relations.** Irving D. Harris. Pp. 604-611.

Two groups of patients who had typical but different anxiety dreams are discussed. 'Falling' dreams were characteristic of one group; 'attack' dreams of the other. The dreams were correlated with character type. The 'falling' dream person is found to be fixated in an earlier symbiotic dependency relation with the mother and has a history of early maternal neglect or separation. The 'attack' dream individual has an intense but conflictual maternal relationship with the fixation point closer to the oedipus. 'Falling' dream patients experienced separation anxiety in relation to part objects; 'attack' dream patients experienced castration anxiety in relation to whole objects. Defense mechanisms were respectively displacement and denial versus projection and introjection.

**The Psychoanalytic Treatment of a Case of Chronic Regional Ileitis.** Melitta Sperling. Pp. 612-618.

The author recommends the psychoanalytic approach to the treatment of psychosomatic illness. Supportive treatment only intensifies the unconscious use of the symptom as defense and for control of the omnipotent person. An exten-



sive case report is given of a forty-four-year-old man with a chronic regional ileitis of over twenty years duration. The Rorschach revealed a schizoid personality with defenses of intellectualization and withdrawal. The examiner advised against analytic therapy. The symptoms began when the patient left his mother for school. In comparing his symptoms to those of a patient with ulcerative colitis, the author found a marked tendency to spasm of the intestines rather than the colon, and diarrhea was less intense. Blood and pus were absent from the stools and there was no anorexia. The fixation point was in the anal-retentive phase with underlying obsessional, hypochondriacal, and schizoid features. In the ulcerative colitis patient, the fixation point was in the oral sadistic phase with underlying depression.

Three years after the termination of three years of analysis, the patient remains symptom-free.

**The Metapsychology of Autoscopic Phenomena.** Mortimer Ostow. Pp. 619-625.

Autoscopy may occur in brain damage, schizophrenia, depression, or neurosis. It is a hallucination or illusion in which a double image of oneself appears. It occurs in those depressions where ego libido is diminished and there is withdrawal of object and self-cathexis. Using Freud's concept of the life and death instincts, the author explains the phenomena as that of primary narcissism associated with ego energy depletion where the activated death instincts are forced outside the ego onto the double, in an attempt to diminish pain. The dearth of libidinal energy precludes projection of this rejected self onto an object, as in paranoia, while the prevalence of primary rather than secondary self-observation prevents ego splitting with depersonalization. Autoscopy occurs in individuals who normally are introspective in a manner called by the author primary self-observation of the type belonging to the archaic ego in which attention is paid to one's feelings rather than to the self. Two brief cases are presented in support of the thesis.

JOSEPH BIERNOFF

**Journal of the American Psychoanalytic Association. VIII, 1960.**

**On Scientific Creativity.** Peter L. Giovacchini. Pp. 407-426.

Data gathered in the analyses of eight highly creative male scientists, several with international reputations in the field of physical and biological science, were examined from the standpoint of the ego functions characteristic in their creative endeavors. Their ages ranged from the mid-thirties to the mid-forties. All eight described their mothers as extremely domineering, aggressive, seductive, and demanding, pushing their children to achievement in order narcissistically to gratify themselves and tenaciously binding the patients to them as their favorite children. The fathers were submissive and depreciated, failing to give protection against the mothers and to provide a clear masculine model. Consequently the masculine identification of these patients was self-created and idealized, transcending the actualities of the environmental models. Fears of being overwhelmed by hostile destructive impulses, predominantly anal and oral sadistic in nature, were prominent; they habitually used obsessive-compulsive defenses against

these impulses. All were generally capable of high-level though noncreative and pedestrian work and gradually were impeded by ritual and intellectualizing. At times, in response to intense affect, they experienced regressive episodes of a paranoid, psychoticlike nature. Most significantly, they were able to discern that these manifestations were intrapsychic phenomena. While frightened by their inner turmoil they remained fascinated with the primitive, placing high value on feelings and intuition. Episodes of high creativity occurred at times of balance between primary and secondary process thinking when their egos had the capacity to give up reliance upon rigid compulsiveness and to make perceptual contact with the chaos of their ids. The id drives, probably by-passing established memory traces, directly augmented the cathexis of the higher integrative and perceptual systems. The result was an expanded perceptual field capable of encompassing new dimensions of reality without the ego constriction ordinarily accompanying the integrating processes of the ego.

**One Aspect of the Structure of Music: A Study of Regressive Transformations of Musical Themes.** Stanley M. Friedman. Pp. 427-449.

The author examines musical themes for evidence of regressive phenomena in order to test Kris's thesis that a regression of ego functions is central to artistic creativeness. Auditory configurations, constituting the thematic material as consciously recognized by the listener, are related to secondary process functioning. Alterations of the original theme demonstrate regressive, primary process transformations and meet eight of the ten criteria of primary process distortions listed by Fisher. Condensation or fusion, as seen in contrapuntal combinations, and fragmentation of theme are known to be major techniques of thematic development. Rotational displacement is involved in the crab reversals and mirror reversals (inversions) so prevalent in fugues and sonatas. Change in size, involving augmentation and diminution as well as volume changes, and reduplication and multiplication of notes and thematic fragments occur in every piece of serious music. Loss of figure-ground relationship is prevalent, varying from those instances wherein one set of instruments carrying the theme is unobtrusively supplanted by background instruments, on to modern polyphony wherein several melodies are played concurrently, none being strong enough to fix conscious attention exclusively to itself. Changes in shape, limited here to changes in the rhythm or in the actual notes of a theme, are extremely common. Combinations of these primary modes of perception are the rule in serious music, and defined in other terms by musicologists are considered by them to contribute significantly to the technical and expressional excellence of a musical work. While it was not possible to differentiate 'major' and 'minor' compositions of serious music solely on the basis of relative frequency of primary process transformations, it was shown that so-called 'popular' music contains very few such transformations. It is speculated that a musical theme represents an affect which temporarily activates an unconscious conflict. The listener's participation in the temporary regression is facilitated by the primary process transformations, through which he achieves a temporary mastery over the conflict, experiencing in the mastery an æsthetic pleasure.



**Rivalry With the Product: A Specific Type of Inhibition in Creative Activity.**  
Nathaniel Ross. Pp. 450-463.

The case of a young woman who suffered from a creative writing inhibition of many years' standing after a period of successful authorship in her late teens is described. Intensely narcissistic and burdened with pregenital conflicts centering around extreme fears of object loss, she attempted to restore her lost objects (men who rejected her) by identification, frantic oral-anal regression, homosexual fantasies, and, most reparatively, by striving to create her men for herself in the form of stories. This creative activity could not be allowed to succeed for it meant the acquisition of the penis, forbidden by guilt associated with her intense sadism felt toward men. In addition, the equation: feces=penis=child=brain led her to a serious competitive conflict with her creative effort, a 'rivalry with the product'. She equated her writing with the boy baby she herself had wanted to be, as well as with a fecal penis; for overwhelming historical reasons—a mother extraordinarily concerned with the patient's feces and a deserting father who valued the girl's youthful creative writing but not the girl herself—the patient dreaded that her product and not herself would be the object of love and admiration while she would again be ignored and abandoned. Related to this was a reaction of loss, depression, and of being let down when one of her stories appeared in print. The fear of the rival product appears to be related to the fear of the persecutor as an anal projection in paranoia. It is possible that rivalry with the product may represent an intermediate stage in regression toward a paranoid delusional formation, and may be involved in cases where an apparently successful sublimation is followed by a paranoid breakdown. Because the success is attributed to a rival, what should constitute a triumph for the ego may be a defeat.

**Self-Rocking in Infancy.** Sylvia Brody. Pp. 464-491.

Observations of the rocking behavior of infants living under normal home conditions, as well as of hospitalized infants in varying degrees of psychological distress, permit a classification of infant-rocking into three types. Normative rocking appears spontaneously or with encouragement in social situations as part of normal infant development and is apparently related to feelings of direct pleasure or anticipation. Repetitious rocking, accompanied by facial expressions of mild apathy and withdrawal, seems to have no social function, is monotonous, appears to give reassurance, and often leads to sleep. Agitated rocking, also with no apparent social purpose, is usually rapid, fatiguing, and energetic, sometimes to the point of producing serious physical injury; it occurs in infants who seem unresponsive to external influence or respond with obvious signs of distress to any interference with the rocking. The latter two forms exhibit stereotypy and excessive detachment, indications of internal processes for which the rocking is not an intentional communication.

Descriptions of two normal, healthy infants, part of a research study of normal infant-mother interactions, are presented in detail to support the author's main hypotheses. 1. Repetitious and agitated self-rocking occurs in anxiety states among infants whose object cathexis of the mother is intense and who have experienced special degrees of kinesthetic stimulation concurrent with a contrasting paucity of

stimulation in the other modalities of mothering behavior. For both infants the maternal behavior, while conscientious and efficient, was unstimulating, inhibited, and meager in oral gratifications. Except for an unusual emphasis upon tactile and kinesthetic contact (brisk patting and swinging) the mothers showed limited capacity for emotional communication with the children and employed frequent actual and emotional withdrawal to enforce conscious and early demands for self-sufficiency. For both infants, frustrated in their need for a more comprehensive mothering response, self-rocking seemed to represent an effort at self-mothering. 2. The repetitious and agitated rocking movements represent autoplactic efforts to establish body contact with the mother. The children rocked at times of tension when the mother failed to provide the relief. It is proposed that the activity represents a bridging effort to make contact with the mother through a physical sensation of vitality and movement, connotative of the mother's motion toward the child and the comforting manipulations it heralds. The autoerotic gratification of rocking echoes fragments of many important contacts with the mother and represents an active effort to recapture these passive experiences. The more benign rocking that occurs chiefly in the absence of the mother is part of a continuum that includes persistent rocking unaffected by the presence of mother, often signifying the early entrenchment of severe anxiety and rigid, narcissistic defenses developed at the expense of adequate object relationships.

**Schreber's Father.** William G. Niederland. Pp. 492-499.

The father of *Senatspräsident* Daniel Paul Schreber was a prominent orthopedic physician, writer, educator, and reformer whose reputation was national and formidable in his son's lifetime. Doctor Daniel Gottlieb Schreber enjoyed the veneration and cultist obedience of many who saw in him the acme of masculine beauty and power, a reformer of missionary zeal, and an authority on hygiene and child-rearing. He advocated in his many books, and tested on his children, a rigid and harsh regimen beginning in infancy by which all traces of independence, rebellion, and bad habits like masturbation were to be radically and forever crushed until, by age five or six, a state of complete submissiveness could be achieved. Recently discovered medical reports from the asylum where his son was long hospitalized reveal, not surprisingly, that the zealot was also a very sick man, 'suffering from compulsive manifestations with murderous impulses'. Comparison of the writings of Doctor Schreber and the *Memoirs* of his son, whom Freud made famous, reveal interesting stylistic similarities and provocative dynamic correlations between the fanatical dicta of the father and the psychotic delusions of the son.

**A Historical Survey on the Teaching of Psychoanalytic Technique.** Rudolph Ekstein. Pp. 500-516.

In reviewing the sixty years of psychoanalytic history as reflected in the teaching of technique, the author is sympathetic to the viewpoint that equates creativity with unstructuredness, but defends structure and the refinement of pedagogic method as necessary for the maintenance of standards and the growth of analysis. In a detailed consideration of the problems of supervision and control, he



advances the hypothesis that many of the regulations formulated to this end represent the fact that individualized teaching has been replaced by institutional teaching which requires measures to guarantee the capacity for collaboration among different teachers. The author cautions against the dangers, inherent in the injudicious use of recording devices, of superficial imitation and loss of awareness of internal processes in the therapist, and reiterates the need, whatever the technical devices, to retain a student-centered or process-centered approach to supervision. He suggests a 'model for an integrated concept of supervision' based upon balanced recognition of the student's countertransference as a problem requiring further personal analysis; the student's need for didactic instruction in the specifics of case handling; the countertransference reactions that require immediate handling within the supervisory context; and, the interpersonal impact between student and supervisor. These four modes reflect different periods in the history of psychoanalytic training and may be variously emphasized by supervisors, often without adequate concern for selection of mode best suited to the particular student. To be fruitful all teaching techniques require integration with a deep commitment as to what one teaches, a commitment that historically has made for controversy but also for creativity.

**An Epigenetic Approach to the Psychoanalytic Theory of Instincts and Affects.**  
Louis Kaywin. Pp. 613-658.

The psychoanalytic theory of instinct, with its emphasis upon energetic considerations and its attempted distinction between sexual and aggressive energies, has proved to be burdened with inconsistencies which weaken its claim to a valid biological basis. An epigenetic approach provides an alternative conceptual structure with cross-referential clarity and consistency in respect both to basic analytic and biologic theory. Its central thesis is that hierarchies of structuro-functional units and orders arise due to the inherent structuro-energetic properties of reaction patterns consistent for all levels of physical, chemical, and biological activity. Thus 'living' processes, with their emergent characteristic of self-duplication, are epigenetic expressions of structuro-functional phenomena characteristic for the physicochemical components making up the 'living' entity. The general mechanisms descriptive of reaction patterns in chemistry are applicable to biological reaction patterns, and in turn to the reaction patterns of the mental system. Thus a 'reaction pattern' (a term preferred over 'instinct') is defined as any structuro-energetic process which can be said to have an initiation, propagation, and termination. The term is preferred because it can generally be applied to all hierarchic levels of function without terminological confusion. It is possible to conceive of a continuum in terms of structuro-energetic reactions ranging from physicochemical, biochemical, bioinstinctual, instinctuo-psychological, through a relatively less instinctualized psychological level with its own continuum of hierarchic levels of structure function. Function on the three levels relating to the environment is called 'behavior'. Psychic development can be described in epigenetic terms: the mental system is highly susceptible to many signals from the organism and its environment. These signals, either structuro-energetic or purely energetic, will leave notations in the mental system in the form of structural changes. If conditions for development are adequate for the particular

growth phase involved, the predominant notations will be of a 'positive' (pleasurable) tone. Failure of the environment to provide optimal conditions will result in a chemo-energetic disequilibrium for which the notation will be 'negative' (unpleasurable). By means of associative processes, positive and negative tonal polarizations, beginning at least as far back as intrauterine experience, occur to form the basis of the self-representation, an antithesis that is not static but rather dynamically relativistic, depending upon the balancing of different reaction patterns within the organism. The energy activating these patterns is organismic and undifferentiated; it is only the reaction pattern that can be described as differentiated. A re-evaluation of the theory of affects, as structuralized positive and negative affect representations in association with the self-system, permits a reformulation of the concepts of narcissism and masochism without postulating differential libidinal and aggressive energies. The formulations presented are intended not only to bridge gaps between clinical and general psychoanalytic theoretical formulations but also to serve as a *rapprochement* between these and general biologic theories.

**The Psychophysiological Basis for Two Kinds of Instincts: Implications for Psychoanalytic Theory.** John C. Lilly. Pp. 659-670.

Data derived from electrode implantation in and electrical stimulation of cortical and subcortical areas in rat, cat, monkey, porpoise, and man indicate a biological substrate for instinct persistent throughout the phylogenetic series. Buried within the large brain of the human, with its vast flexibility of response and complexity of registration, are instinct-subserving systems which seem to be present in the smaller brains of other mammals. If one accepts the principle that the smaller brain with its narrower range of freedom of action and reaction has instinctual reactions basically similar to those of the larger brain, then the data derived from animal research can usefully be applied to psychoanalytic constructs. Such data seem strongly to establish that there exist in the mammalian brain two richly interconnected systems: one subserving rewards, pleasurable sensations and activities; the other subserving punishments, painful and angry sensations and activities. These two systems are functionally represented throughout the entire brain, relatively concentrated in the subcortical centers, and progressively attenuated in the cortex with its relative predominance of memory stores. Ego functions are only fractionally mediated by the lower systems, and predominantly mediated by these vast cortical areas. Stimulation of very small areas in the lower centers produces diffuse and global affective (id) states which have relative prevalence over comparable stimulation responses of the cortical areas. As a result of the ubiquitous functional representation of the two systems there seems to be no aspect of mental functioning not connected with the rewarding and/or punishing concomitants served by the two systems. Bombardment of the lower centers with masses of excitation from the cortical areas in response to appropriate life situations very possibly has an effect analogous to the direct stimulation of the centers by weak electrical charges: the production of affective states of driving intensity. In the monkey prolonged stimulation of the negative system areas initiate a downward clinical course that can become irreversible in a progression toward death. This course can be reversed by in-



ducing hyperactivity in a small part of a rewarding system. Many such data as these force the conclusion that there are at least two kinds of basic instincts: positive and negative (rewarding and punishing, loving and hating). Experimental data involving 'rebound phenomena' demonstrate that these two states are antithetic: the positive system elicits stimulus seeking and perpetuation, the negative system elicits avoidance and termination. Thus 'cathexis' is a concept involving an emotional charge with two signs: positive connoting a seeking-for and negative connoting a retreating-from. These pure forms exist only in fantasies, dreams, the primary process, and in certain of the stimulation experiments. In the usual dealings with reality, positive-system activation is necessary to initiate object seeking; yet, when enough has been accomplished with the object, activation of the negative-system is required to effect a break with the object. This admixture in real object representations requires that 'cathexis' be redefined to encompass both aspects: 'For now I want and need more, but soon I'll want it stopped'. Each of these two aspects is an active process, served by its own brain system.

**Some Ethological Studies of Social Relationships and Conflict Situations.**  
I. Charles Kaufman. Pp. 671-685.

During a very short period of time after hatching, young birds of certain species may exhibit a pattern of imprinting in which they follow after the mother or, in the absence of the parent at a critical time, after any large moving object available to them. Thereafter the attachment to the parent bird or substitute object is practically irreversible. Coupled with this 'following response' is a conflicting tendency to flee from the object, an initial ambivalence that is ordinarily resolved in favor of the stronger following impulse as stimulated by the presence of the mother. If 'following' is not established due to her absence, then fleeing predominates. This early tendency to flee is a significant behavioral phenomenon that may deserve equal consideration with sexuality and aggression rather than being relegated to the class of a second-order defense. Animal studies indicate that all three are built into the organism, evocable in response to specific causation. Their concurrence produces conflict which the animal may attempt to resolve by any one of several reactions whose similarity to human patterns is obvious: immobility or 'freezing'; inhibition of all but one activity; the appearance of initiative movements without pattern completion, compromise alternations between tendencies, ambivalent posture expressive of antithetic tendencies, displacement to inappropriate behavior, and regression to infantile behavior. The timing or duration of the conflict and the occurrence of a pattern under circumstances of deprivation may, independently or together, produce a fixation wherein the animal continues to exhibit the pattern after the external situation has changed to the extent that it no longer warrants the response. These data can be transposed to human application only with caution but they have important implications for the development of attachment to the mother by the human neonate. From the ethological standpoint the mother, in relationship to whom so many of the instinctual activities of the child are consummated, is a 'parent-companion', personal knowledge of whom the infant builds up by virtue of the fact that the eliciting and terminating stimuli for various discrete re-

sponses, of which feeding is but one, are united. Since the parent-companion relationship to the child is experientially determined, it seems unlikely that there exists a primary object relations drive.

**On the Question of Primary Object Need.** Hilda S. Rollman-Branch. Pp. 686-702.

Observations from the field of ethology are aligned with data from infant observation to elucidate similarities and differences between animal attachment behavior and human object relations. Imprinting, with its following behavior and exclusive attachment to the object, represents a key patterning in the instinctual unfolding of many young animals with movement, sound, spatial configurations, and, in the case of mammals, warmth, skin contacts, and fur playing important roles in the 'critical period' for imprinting. If this period passes unused, avoidance reactions are subsequently predominant and imprinting does not take place. Under normal circumstances, a reciprocal relationship between parents and young is enacted; it is not conditioned but rather is dependent upon innate releasing mechanisms within both. Imprinting favors the survival of the individual and the preservation of the species, delineates filial-parental interaction, and establishes the choice of the future sex object. Various instinctive activities are imprinted on different objects at different stages of postnatal maturation. The phenomena of flocking and herding seem to be based on companionship needs that are independent of feeding and physical self-sufficiency, and on avoidance patterns focused on nonspecies objects. Possibly these phenomena are forerunners of instinctual patterning in the human, on which are based the postnatal development of his object relations.

Infant observation indicates that needs for warmth, contact, and feeding precede avoidance reactions. Smiling, perhaps to be compared to the gaping response of young birds, can be considered a species-specific motor act of the infant for which the human face becomes the most potent sign stimulus. By six months the smiling is a discriminating response to the sight of the mother's face while anxiety and withdrawal are the responses to a strange face. This six-month period may be analogous to the critical period for imprinting in the animal, whose survival is safeguarded by the sequence of imprinting and later fear reaction, by which is established a positive attitude toward the species and avoidance of others. In the human the mother's ego largely replaces the instinctive stereotypes of her innate stimulus responses to the stimuli presented by her newborn infant and, in turn, his developing ego increasingly mediates his behavior. But in the critical period of the first six months, the infant needs an optimal degree of human contact, aside from that incidental to the satisfaction of his physical needs, if he is to avoid marasmus and death. Increasingly refined synthesis of data from both ethology and infant observation may eventually throw light on the question of primary versus secondary object drive, probably in the direction of a complementary concept.



**Regression and Fixation: Considerations Concerning the Development of the Ego.** Phyllis Greenacre. Pp. 703-723.

The author outlines the evolution of her theoretical concepts of ego development and pregenitality against the background of her accumulated clinical experience and the expanding analytic theory of the past twenty-five years. Therapeutic efforts with extremely difficult cases led to the concept of a permanent predisposition to anxiety determined by early and prolonged traumata in the prenatal and neonatal periods. Particularly noxious were disturbances in the mother and gross impairment of integrity due to anatomic anomalies or extensive disease processes. Later studies elaborated the adolescent and adult consequences of these early extremes and concomitant primitive anxiety: inability to think and act adequately, to synthesize experiences, and make solid identifications; inability to sustain object relationships; diffuse feelings of loss of body integrity, overwhelming anxiety, and erotization of the anxiety itself; and the clinical entities of the perversions and psychopathies. Studies of fetishism emphasized severe disturbances in the developing body ego, distortions in pre-*cedipal* development involving overly close dependence on mother or sister, absence of sustaining experiences with father, prolonged confusion in sexual identity, and shattering traumata centering around witnessing various evidences of maternal castration. The feeling of genital fault is so deeply impressed on the body image that only a poor recovery from the basic disturbance is achieved; instead, a severe fixation results which contributes thereafter to a continuing distortion of all levels of subsequent development.

All libidinal phases are normally present in incipient form in the first year of life as part of the biological inheritance of the human infant. The maturational rate of each varies markedly from the rest, and the succession of their maturational peaks underlies what are commonly described as discrete libidinal phases. The timing of these peaks is normally dependent upon biological growth processes, but may be forcibly altered by phase-specific traumata or by exaggerated stimulation of another phase. Thus the various manifestations of infantile masturbation are steplike stages in the development of genitality which ordinarily do not 'take hold' in the first two years of life unless genital excitation is pathologically re-enforced by body image concerns or by direct local overstimulation by some environmental factor. This premature arousal is a forced affair that may interfere with the adequate development of the libidinal phase naturally ascendant at the time; the result is a strong fixation to the substituted function and phase-hunger for the slighted function. In well-developed conditions of perversion and imposture there is such a degree of traumatic fixation that the individual never develops a capacity for object relations sufficient to experience the sort of *cedipal* crisis which institutes regression in a psychoneurosis. Fixation in such severe pre*cedipal* disturbances is more crucial than regression. The *cedipal* phase is flamboyantly expressed in narcissistic terms. This adds to the distortion in ego development with marked increase in prematurity of the castration complex and interference in the development of sound object relations. The factor of phase-timing of the traumata may also be crucial to the problem of masochism. The occurrence of excessive pain excitations in the

first two years of life, when the differentiation of aggressive and libidinal instincts is occurring, may result in pathological distortions sadomasochistic tendencies and the exaggeration of primary masochism.

JAMES T. MC LAUGHLIN

*American Journal of Psychiatry*, CXVII, 1961.

**Alternating Psychoses in Twins: Report of Four Cases.** E. Gardner Jacobs and Alvin M. Mesnikoff. Pp. 791-797.

Four pairs of twins, hospitalized for psychoses, are reported. In each case, the appearance of psychosis in the second twin was precipitated by and related to the appearance of illness in the first. The authors suggest that ego integrity of one member of a twin pair may depend on that of the other.

**Individuality in Responses of Children to Similar Environmental Situations.** Alexander Thomas; Herbert G. Birch; Stella Chess; Lillian C. Robbins. Pp. 798-803.

One hundred and ten normal children followed continuously from the earliest months of life were studied to evaluate responses to weaning, toilet-training, and birth of a sibling. The generally accepted idea that many of these situations are inevitably frustrating and are negative experiences for the child was not supported by this study. On the contrary, the authors feel that such a formulation neglects the range of positive aspects for the child which are acquired in the process of socialization.

**Improvement—Real or Apparent?** Ruth Powell Kane and Guinevere S. Chambers. Pp. 1023-1027.

A seven-year follow-up study of children hospitalized and discharged from a residential treatment center was undertaken subsequent to reports published indicating an ineffectiveness of psychotherapy in childhood. It was felt that the prognosis for seriously ill children was more hopeful than these previously cited studies would indicate.

LAURENCE LOEB

*Archives of General Psychiatry*, III, 1960.

**Studies in Psychophysiology of Dreams.** Gerald Vogel. Pp. 421-428.

In this paper, subtitled *The Dream of Narcolepsy*, the author presents a review and summation of the psychology of this aberration. Adding to the recognized defensive use of narcolepsy to avoid emergence of strongly unacceptable feelings, the author presents convincing material to show that sleep is initiated in order to dream, the latent content containing the wish-gratifying impulses that were warded off.

**The 'Pharmacogenic Orgasm' in the Drug Addict.** Richard D. Chessick. Pp. 545-556.

Under this somewhat misleading title is presented an excellent review of the literature on the psychology of drug addiction. The author finds ample con-



firmation of the early, oral regressive features of addicts stressed by many workers, especially the feeling of hunger satiation (called orgasmic not in the genital sense but in the baby-at-the-breast sense), and of the use of addiction to handle intense aggressive impulses turned against the self. Of special interest is the addict's poor and incomplete separation from the mother, producing tenuous identities, infantile qualities, insatiable narcissistic needs, and the striving for the symbiotic relationship that make treatment so difficult. What the addict must prove over and over to himself is that he has complete mastery over his external source of primal love supply, drug = mother. An interesting observation confirming this is that the sight of the drug or injection equipment may produce mild withdrawal symptoms. These could sometimes be seen spontaneously when a patient in therapy spoke of his need to be at one with his mother and have all needs granted without even asking.

**The Reintegration of Psychoanalysis into Psychiatric Practice.** Judd Marmor. Pp. 569-574.

The author considers the historical forces of intense resistance that forced the initial path of psychoanalysis into its isolated position. But since the end of World War II, the influence of psychoanalysis on American psychiatry has been great. Changes in analytic theory and technique have brought analysis into closer integration with general psychotherapeutic practice. The shift of emphasis to ego psychology renders biological roots of psychoanalytic theory and id psychology unnecessary, and modifications in technique have broadened the usefulness of analysis. Technical features, such as five sessions a week or using the couch, are not in themselves the *sine qua non* of analysis, and the analyst can no longer be neutral in the old rigid sense. The breakdown of the previously sharply delimited borders between psychoanalytic and psychiatric practice Marmor sees as an inevitable and beneficial trend.

KENNETH RUBIN

**Psychiatric Quarterly.** XXXV, 1961.

**The Role of Wishes in the Origin of Dreams and the Psychoses.** Ian Stevenson. Pp. 49-59.

Despite the similarities of content and form between dreams and psychoses, the motor activity differs greatly. As a rule, we can enter and leave sleep easily, but only a few enter the psychotic state and even fewer leave it. The author proposes study of the factors that influence the transitions between ordinary waking consciousness and these two states of being, dream and psychosis.

**Notes on the Creative Process and the Creative Person.** Norman J. Levy. Pp. 66-77.

Although the creative person apparently prefers disorder, unconsciously he can respect and scrutinize the irrational in himself and others, and thereby he becomes aware of new relationships. In periods of psychic freedom he can then stick to the work of verification and refinement of these new insights.

**Some Dynamic Factors in the Problem of Aggression.** Daniel M. Lipshutz. Pp. 78-87.

In the so-called interminable analysis the patient acting out his aggression resembles closely the young child in a tantrum. The aggression is the result of his very early, intense frustration in the mother-child relationship and may take on paranoid proportions. Aggression becomes the primary defense in the transference situation. To satisfy childhood needs, the patient must be allowed long periods of reality testing until he is convinced of fulfilment.

BERNICE ENGLE

**Journal of the Hillside Hospital.** Vol. X, 1961.

**Attitudes Toward Automobiles: An Aid to Psychiatric Evaluation and Treatment of Adolescents.** Eugene H. Kaplan. Pp. 3-13.

In the psychotherapy of five adolescent boys, and observation of fifteen others, preoccupation with automobiles represented problems of self and body image and identity synthesis. Conflict over masturbation was the central theme in a reckless driver with a long history of conversion hysteria manifested by motoric disability. A depressed boy who favored small foreign cars contemplated suicide by asphyxiation, using the car's exhaust. A passion for 'customizing' cars characterized a lad with marked bisexual conflict, body anxiety, concern with his own appearance, and strong pregenital fixations. Another boy revealed a long history of preoccupation with body defect. A 'hot-rodger', who emphasized speeding, dangerous driving, and evasion of the police, struggled with oedipal conflicts.

The therapist's interest in such highly cathected material was used to establish the treatment relationship and served as a base for the psychotherapy.

**Notes on the Personality Structure of a North American Indian Shaman.** L. Bryce Boyer. Pp. 14-33.

A continuation of the author's studies of Apache shamans utilizes observations, interview material, a dream report, and Rorschach examinations. Evidence was found for the diagnosis of personality disorder with impulsive and hysterical traits. The principal fixations were oral and phallic. The shaman resembled the impostor; he lacked clear masculine identity and had problems of latent homosexuality.

**The Primacy of Mania in Some Forms of Cyclothymic States.** Philip Weissman. Pp. 34-52.

In certain cyclothymic states the manic phase is the basic regressive core and does not represent an improved ego state. It is characterized by the internalization of and identification with the pregenital omnipotent 'overgood' mother. Such self and object representations, incompatible with reality testing and the external world, are fostered by the manic's capacity for denial. The depressive phase in cyclothymia represents the failure of the defense of denial. The manic phase is mourned and idealized. The conscious wish to get well represents the unconscious wish to be elated. From this point of view the depressive phase



represents a modification of the basic manic regression and a defense against the manic wish—the oral triad and the fusion with the nursing breast. The endogenous melancholia can differ structurally and genetically from the melancholia of cyclothymia, as can the mourning process of endogenous melancholia and the depression in circular psychosis. The end of a mourning process can mean an improved ego state; the onset of a mania can represent a severe regressive ego state.

JOSEPH AFTERMAN

**British Journal of Medical Psychology.** XXXIV, 1961.

**Disorders of Attention and Perception in Early Schizophrenia.** Andrew McGhie and James Chapman. Pp. 103-116.

Schizophrenic behavior is viewed as the final outcome of a primarily cognitive disorder involving the ego functions of attention and perception. The interpersonal difficulties and conflicts usually described in schizophrenic states may then be interpreted as secondary reactions to impairment of these specific ego functions. Twenty-six patients with early schizophrenia were interviewed, and verbatim notes of their semistructured interviews analyzed, to provide empirical data for the theory proposed. The authors develop further support for their thesis by citing from the work of developmental psychologists (Piaget, Werner), recent psychophysiological research (Brain, Penfield, R. Jung), and the publications of traditional psychology. The thesis proposed furnishes a directive for further research into the clinical psychopathology of schizophrenia and some interesting problems are outlined for investigation.

**The Nonpsychotic Residue in Schizophrenia.** James M. Davie and Thomas Freeman. Pp. 117-127.

Schizophrenic states are described as resulting from impairment of the ego. The nonpsychotic residue is defined as those ego functions which have escaped involvement in the psychosis. In this context the synthetic and defensive functions of the ego are given equal importance to attention, self-awareness, thinking, perceiving, memory, and control of motility.

Clinical material gathered in the course of psychotherapy with schizophrenic patients is used to illustrate the fluctuations in the level of cognitive functions, the role of unconscious conflict in symptom-formation, and the variations in transference manifestations. The degree to which certain ego functions remain psychotic depends upon the invasiveness of the disorder. To the extent that such ego functions continue free from the psychosis, they perform much as they do in neurotic patients but remain liable to alteration with extension of the psychotic process. As long as the psychosis has a limited effect upon ego functions, transferences not unlike those in the neuroses will occur, consensual communication will proceed, and unconscious conflict will remain active in determining the content of the illness.

ROBERT D. TOWNE

*Revue Française de Psychanalyse*. XXV, 1961.

**Freud and the Judaeo-Christian Orthodoxy.** F. Pasche. Pp. 55-88.

After delineating the orthodox religious position in such problems as sin and salvation and that of man vis-à-vis the universe and God, the author contrasts it with psychoanalytic thought. He discusses in particular the problem of freedom of the individual and shows how Freud's conceptualization of dualism between Eros and Thanatos, and of a complex psychic structure composed of drives and defenses against them, offers the individual psychic freedom, in contrast to the gnostic view whereby man, being a creature of God, remains under his power throughout eternity. The author notes the interest in symbols, common to both psychoanalysis and religion: religion emphasizes symbolism along esoteric lines, going from the concrete to the abstract; Freud believed that the symbol goes from the less concrete to the more concrete and has an infinitely more precise meaning which harks back to earlier stages of development. Pasche then examines certain formal similarities between religion and analytic concepts and procedures. The dualism between soul and body found in religion finds an analogy in psychoanalysis in the ego and the id. Similarly, the concept of a super-ego stemming from the oedipal wish to destroy the primal father is reminiscent of the concept of original sin. Certain analytic procedures, such as free association, interpretation, and reconstruction, appear to be similar to certain practices prescribed in the Zohar for the illumination of the theosophic mystery.

**On the Death Instinct.** S. Viderman. Pp. 89-129.

The author feels that in the present stage of our knowledge no validation of Freud's theory of the death instinct can be found in biological or physical facts. In the field of biology, Woodruff demonstrated that after thousands of reproductions Infusoria do not show any signs of degeneration or senescence. Carnot's physical principle of the degeneration of energy cannot be applied to vital matter; if anything, it appears that life tends to work in opposition to Carnot's principle as it is directed toward the construction of more complex entities from less complex ones. Further, it is difficult to speak of the existence of an instinct in connection with very primitive types of biological organization. Biological research does not confirm the hypothesis of death as a condition of vital functioning; rather, death appears to be a condition which has become possible when the organization has passed from simpler to more complex forms of life and asexual to sexual reproduction. Despite these biological findings, the author accedes to the concept of a death instinct on psychological grounds; he conceives of it as originating from an impulse to movement and change, and a tendency toward immobility, discharge of tension, and return to an inorganic state. The death instinct is envisaged as the equal of the life instinct, and as normal. To the author it is of dual origin: 1, it leads the being back to its original level in accordance with its natural destiny (at this level the death instinct proceeds from the id); 2, it represents punishment for neurotic guilt and forms part of the superego.



**Of Silence and Its Time.** R. Barande. Pp. 177-220.

This paper presents an extensive description of the first year of analysis of a 'silent' hysterical female patient whose illness was characterized by strong pre-genital regression. The silence was based upon a particularly regressive type of object relationships. It represented a defense against a double process of rejection and incorporation of the 'bad' mother but at the same time the patient avoided any changes which analysis might have brought about in her object relationships.

The technical aspects of this difficult analysis are discussed in detail. The author feels that the structure of the case contraindicated an early analysis of the character defenses, as well as a Kleinian analysis of the partial-total object relationship which the material invited. He found it advantageous to adopt a system of prudent and carefully dosed interpretations geared to the patient's ability to tolerate anxiety and to the need to mobilize it.

**Castration as Negation of Femininity.** Conrad Stein. Pp. 221-242.

The overvaluation of the penis is characteristic of a developmental phase during the phallic period in the course of which the penis is considered to be the only genital. The only possible alternatives are the possession of a phallus or a castrated state; the existence of the female genital is totally denied. At this stage the phallus constitutes a part object and is strongly identified with the breast. The process of identification with a part object is intermediate between the narcissistic identification and the identification with the total object; it represents a way of establishing an object relationship 'at a distance' so that any possibility of fusion with the total object is eliminated. Thus, by overvaluing the penis, the individual reassures himself about his own identity and protects himself against the danger of fusion with the object and of return to a relationship of primary narcissistic identification. The denial of femininity and the fantasy of the phallic mother are, in Stein's opinion, the outgrowth of the same defensive need.

The author gives a brief clinical illustration of the points raised and discusses the implications of his views in terms of transference and counter-transference problems.

**The Problem of Human Genesis.** L. Bolk. Pp. 243-279.

The author,<sup>1</sup> an anatomist, notes that the development of the human both in and outside of the uterus is characterized by a considerable degree of retardation as compared to other mammals. This retardation, in his opinion, is the cause of a process of somatic immaturity that he calls 'fetalization', of which he describes several instances in human morphology. These views would explain the degree of dependency of the child on the mother, characteristic of the human species; also, they would explain the morphologic and physiologic differences

<sup>1</sup> For a psychoanalytic extension of Bolk's ideas, see Weyl, Simon: *Retardation, Acceleration, and Psychoanalysis*. J. Amer. Ps. Assn., VII, 1959, pp. 329-349.

between races, which Bolk considers to be the result of differences in the direction and intensity of the process of foetalization.

RENATO J. ALMANSI

*Revista de Psicoanalisis*. XVII, 1960.

**Contribution to the Study of the Negative Therapeutic Reaction.** Fidas R. Cesio. Pp. 289-298.

In this continuation of a study on lethargy, the author presents clinical material showing the significance in the lethargic process of the unconscious fantasies related to the death instinct, and the psychotic nuclei—love objects that are kept lethargic in the unconscious and the somatization of these objects. He also describes the relationship of foetal psychic life and of birth to the lethargic object. In order to produce the lethargic effect, part of the ego must be at the service of the death instinct. When such impulses are mobilized, the identifications of the patient in his life situation become apparent, thereby liberating the death instinct which until then had been neutralized. In the cases described, the instincts were expressed predominantly at the anal level and the lethargic action was carried out by means of 'toxic gases' equivalent to 'flatul'.

**Necrophilic Fantasies in a Hypochondriac.** Flora Scolni. Pp. 318-343.

In the patient described, hypochondriacal symptoms were found to consist mainly of gastrointestinal disturbances as well as generalized aches and pains. There were erratic and difficult eating habits and no sexual life. When eventually confronted with his solitude and with having to face reality, he developed claustrophobia. Fantasies centered primarily on having sexual relations with cadavers. The necrophilic fantasy also related to going to church and seeing religious images from behind and penetrating them anally. Wooden statues were equated with cadavers by virtue of their immobility. Taking care of people, giving them money, etc. was equated with communicating life to them. During the time his fantasies were active, the patient was unable to eat meat because 'it was bleeding and from a cadaver'. Also, for a year after the death of a friend, he was unable to eat meat. Eventually this reaction-formation against eating meat was generalized to solid food and the reaction-formation against blood took the form of inability to drink red wine and finally all kinds of liquids.

**Relationship Between Mother and Daughter and Its Expression in the Sexual Cycle.** Santiago Ramirez. Pp. 353-368.

Because of the pathological intensity of the relationship to her mother, a patient experienced ovulation with panic. The hostile and destructive content of the preoedipal relationship was manifested in her symptoms and in her dreams, and followed the menstrual cycle. The possibility of becoming pregnant had a sinister connotation which the patient tried to deny. Another patient, who showed less intense hostility in this basic relationship with the mother, was able to make reparations; thus, being pregnant was a way of undoing the negative and destructive aspect of the bad mother. Also in this case changes in mood, the



dreams, and the symptoms were utilized and often modified the menstrual cycle.

GABRIEL DE LA VEGA

Israel Medical Journal. XX, 1961.

**The Challenge of Rehabilitation.** (Second Anniversary Lecture of the Chaim Weizmann Rehabilitation Institute of Tel Hashomer.) H. Robert Blank. Pp. 127-142.

The blind, paraplegic, and other physically handicapped have in common intrapsychic, family, and social problems that transcend in importance the unique problems imposed by each type of handicap. It is the generic problems rather than the specific handicap that often tend to determine prolonged disability and interference with rehabilitation. From these conclusions, the author derives his concept of generic rehabilitation training for all rehabilitation workers, particularly caseworkers, psychologists, and vocational counselors. The generic training would precede specialization with a specific handicap, and would facilitate communication among the various fields of rehabilitation that characteristically operate in insular fashion.

The structure and function of the multidisciplinary rehabilitation team is discussed in detail from the standpoint of psychiatric and psychoanalytic experience. The primary function of the psychiatrist on the team is to enhance the psychological insights of every team member rather than to be a distant consultant called in only to handle crises. Stress too is laid on certain histological and socioeconomic determinants of rehabilitation problems.

AUTHOR'S ABSTRACT

# NOTES

## MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

June 27, 1961. RECONSTRUCTION IN PSYCHOANALYSIS. PANEL DISCUSSION. Rudolph M. Loewenstein, M.D., Chairman.

This meeting was devoted to a series of reports from Dr. Loewenstein's section of the Kris Study Group. Dr. Loewenstein emphasized that the papers presented by the panel members represented contributions as modified and elaborated within the Study Group discussions, and that actually many other members of the section had made important contributions throughout the year.

Dr. John Donadeo presented a summary of the report (originally prepared by Drs. Burness Moore and Edward Joseph) of the group's proceedings on Reconstruction and Recall (1958-1959). The emphasis during the 1958-1959 seminar was on the function of memory and recall, with memory considered the ego function most frequently involved in conflict situations; the phenomenon of forgetting was felt to be related not only to repression but also to other defense mechanisms such as denial or isolation. It was suggested that infantile amnesia may derive in part from the accelerated change from primary to secondary thinking that occurs at the time of superego development. In dealing with the technical aspects of reconstruction, it was recognized that a reconstruction is apt to leave much implied, but that this is not only necessary but probably desirable, leaving a considerable task to the synthetic function of the patient's ego and thereby encouraging a shift from passivity to activity. Finally, the sense of conviction, considered the *sine qua non* of the validity and effectiveness of reconstruction, was discussed. It was felt that a 'true' sense of conviction represents a condition of structural harmony of the personality in which id drives enter the ego with the sanction of the superego.

Dr. David Rubinfine focused on a particular formal aspect of the analytic process of reconstruction—those alterations in ego functioning which make possible the cognizing of archaic data. Ordinarily such archaic material is denied entry into consciousness not only by defense but also by the fact that in the adult, waking consciousness is associated with a state of ego function closely tied to the reality principle and secondary processes. Dr. Rubinfine discussed the various related conceptual terms of ego state and schema, every 'ego state' being roughly dominated by a particular schema of ego functioning. The analytic process provides a sense of gradually growing familiarity with the archaic ego states, their mode of functioning, of experiencing percepts and affects, and the operation of defense and primary process, especially in the transference. The archaic infantile ego states acquire a sense of 'me-ness' through interpretation and become conceptually organized. The reconstruction by the analyst then offers a bridge from this familiarity with early ego states to a recall of events and fantasies that occurred in those states with an associated sense of conviction. In this way they are integrated into a newly formed structure as conceptually organized schema.

Dr. Isidor Bernstein discussed the divergent views regarding the meaning and use of the term 'reconstruction', feeling that it should be limited to that portion



of the analytic work in which the analyst uses objective and subjective data to derive a description of genetically significant intrapsychic and reality situations which the patient has forgotten. He emphasized that this did not necessarily limit it to far-removed events as crucial events and significant psychic changes may occur at any time. In discussing Dr. Rubinfine's theoretical contribution, he felt that it encompassed more than reconstruction and actually was a partial theory of the entire analytic process. In addition, he felt it unduly emphasized ego aspects of the personality.

Dr. Bernard Fine felt that the use of Dr. Bernstein's 'limited' definition of reconstruction made it possible to differentiate it from other types of intervention. He cited Freud's intervention in the case of the Rat Man, when Freud told the patient that 'he must therefore have known . . .' to whom he owed money, as an example of a 'preparation for reconstruction'; while the patient was forced to review his past behavior, no significant genetic connection was established at that time. Dr. Fine emphasized that since genetic factors have such a fundamental place in psychoanalytic theory, it would seem appropriate to include a genetic root as a part of our understanding and definition of reconstruction. He briefly discussed the relationship between reconstruction and working through, particularly stressing Dr. Greenacre's contribution that in some cases where there is a susceptibility to recurrence of symptoms or affective "attack" states, there can only be a successful result when, in addition to the reconstruction of the early infantile problems and fantasies, there is also a careful reconstruction and thorough working through of later traumatic events.

Dr. Jules Glenn mentioned various types of reconstruction including those of events, affects, and object relationships. Using a case report, he demonstrated the importance of the reconstruction of actual characteristics, including defenses, and of important objects as well as the patient's fantasies about them.

Dr. Jerome Ennis discussed the problem of whether it is possible, or necessary, to distinguish between fantasies and real traumatic childhood events in reconstruction. He also spoke of Dr. Greenacre's experiences and her emphasis on the differentiation that often can be made clinically between fantasies and real events. The importance of this differentiation of fantasies from 'traumatic organizing experiences' and its technical implications were also described. He indicated that Kris's emphasis was at variance with Greenacre's inasmuch as Kris stressed that the actual traumatic events are molded into new, dynamically meaningful 'patterns', and it is with these patterns that the analyst actually works, and eventually reconstructs.

Dr. Frank Berchenko presented an example of a validating reaction to a reconstruction. A patient was convinced, without specific recall, of the correctness of the analyst's reconstruction. This was accomplished when, in response to a dream which followed the reconstruction, the patient recalled an incident similar to one suggested in the reconstruction. Dr. Berchenko stated that this was in accord with Freud's view that an affirmation of a reconstruction is of value only if it is followed by new memories which complete or extend the reconstruction, or by such indirect confirmation as 'I should never have thought of that', or a parapraxis in an intended denial, or an association containing something similar or analogous to the subject matter of the reconstruction.

Dr. Stuart Asch dealt with the technical aspects of reconstruction. He emphasized that the optimum time for a reconstruction is when two broad conditions have been met within the analytic situation: 1, the data for the reconstruction are available, both to the consciousness of the analyst and to the pre-consciousness of the patient; 2, the ego state is such that it can deal more effectively and realistically with the original drive derivatives enmeshed in this fragment of data. A certain level of therapeutic alliance must be achieved before a reconstruction can be utilized most effectively. Dr. Asch spoke of the need to differentiate the transference relationship from the strong therapeutic alliance since with the latter effective analytic work can often be maintained even in the presence of an ambivalent or negative transference. He also mentioned that some of the group preferred an opposite view, namely, that a reconstruction is often necessary as an 'emergency measure to re-establish the therapeutic alliance'.

Dr. Edgar Lipton concluded the presentation with a summary and discussion of the timing of reconstructions. He emphasized that reconstructions were timed according to a confluence of factors: the data being available, the presence of a significant therapeutic alliance, clarity of transference manifestations, closeness of the material to the patient's consciousness, and change in symptomatology or other aspects of the ego state. The attempt to formulate principles for proper timing of reconstructions must of necessity also be based on the individual situation, as well as on the judgment and skill implicit in the practice of psychoanalysis.

BERNARD D. FINE

September 26, 1961. ON EVOCATION OF A PROXY. A DEFENSIVE MANEUVER, ITS PURPOSES, AND GENESIS. Martin Wanhg, M.D.

Dr. Wanhg demonstrates a defensive maneuver in which a patient can create in a proxy or alter ego impulses or affects which would be threatening to experience alone. The alter ego is provoked to experience such affects as jealousy or anxiety, problems of impulse control, reality evaluation, and instinctual wishes that the patient would be unwilling or unable to tolerate. The need for a proxy often occurs in response to anxiety aroused by threatened loss of a narcissistically cathected object: by the threat of uncontrolled regression and the loss of impulse control.

In recent years emphasis in psychoanalytic theory has shifted from primary narcissism to the primal symbiotic mother-child relationship characterized by interfunctioning of mutual needs and a fusion of body images, and the ultimate emergence and separation of the infant from the mother-child unit. The invariably paired 'omnipotent self-extensions' and 'submersions of the self in the omnipotent maternal image' are transitory psychological structures in normal growth. But as pathologically persistent features, they pervert the process of individuation out of symbiosis into one of parasitism: the object exists then only for the subject's use.

Case material illustrates that with projection there occurs concomitant behavior aimed at the creation of a proxy who then, in reality, carries the projection affixed to it. A fifty-year-old woman, who throughout her marriage had succeeded in keeping her husband from having any affectionate relationship with



their daughter, sought analysis because she feared the prospect of her daughter's growing up and leaving home. The girl, away at college, was failing scholastically and had become quite promiscuous. The mother incited the usually excluded father into a rage against the girl and while he railed at her on the phone, the mother, on an extension line, assumed a protective and reassuring attitude toward her, afterward berating her husband for having been such a bad, critical, and absent father. The mother of a sixteen-year-old boy came to analysis for a severe agoraphobia. When the son began to stay out late at night she would wait up for him for some hours, then wake her hypochondriacal husband from a barbiturate-induced sleep and arouse his anxiety to the point where he would storm out of the house and pace the sidewalk, alternately anxious and enraged, until the boy returned. In the meantime, the mother would retire and would awaken only when her husband and son came noisily into the bedroom. She would then get up and, over a late snack, chat with the boy about his evening's adventures. The histories of these patients revealed that they were repeating traumatic experiences with their own parents through identification with their children. Anxiety developed because of conflict over the re-enactment of their parents' roles. Anxiety and aggression were then assigned to another person whose ego, though weak and easily aroused to anxiety, was *in toto* more resistant to the regression of its functions.

Three phenomena characterize the composite defense 'by evocation of a proxy'.

1. A defusion of aggressive and libidinous strivings takes place by means of projection and evocation of the former in someone else and retention in the self of the latter (to preserve the 'good' relationship with the narcissistically cathected object).
2. The actuality of seeing anxiety and rage in the object serves to bolster the sense of reality endangered by regression ('but my husband is anxious and he *does* get furious').
3. The involvement of the proxy offsets, in some measure, the threatened loss of one extension object by replacing it with another. In the transference, the analyst is placed in the position of proxy evocation when the patient's aim is to mobilize the analyst's concern in order to entice him to intervene against the threatening object or situation in his stead.

While the maneuver of 'evocation of a proxy' is a universal one, some individuals are particularly inclined to incite others to function as their proxies. Certain characteristic genetic events can be recognized in them, such as their highly narcissistic object relations, failure in having established an independent identity, and the persistence of fusion phenomena, in many ways similar to those described in twins. Dr. Wangh stated that while castration fears and feelings of guilt play an important role in the initiation of the defense he is describing, they are intentionally omitted in order to simplify the framework of his presentation, the main purpose of which is to demonstrate the elements, economics, and fundamental fixation points of a particular defense structure.

DISCUSSION: Dr. Irving Sternschein called attention to the need for special technical attention required in proxy evocation in analytic treatment. He did not concur with Dr. Wangh that Anna Freud, in her concept of altruistic surrender, had neglected the active-aggressive components. In the clinical examples cited he regarded the oedipal, homosexual, scopophilic, and sadistic deter-

minants of the psychopathology responsible for the formidable resistance mobilized by the proxy mechanism. As to the maturational phases contributing to the sense of identity, he would add those of later childhood and puberty to those earliest ones stressed by Dr. Wangh.

Dr. David Rubinfine commented on how much the ideas expressed in this paper regarding the tendency to externalize everything unpleasant and to include everything pleasant in the ego (self) were in accord with those of Freud. While agreeing that the behavior pattern described has a narcissistic core, he would add to the genetic fabric the deep preoccupation with object preservation in these patients. Such patients, having experienced severe disturbances in their earliest object relations, especially the persistent danger of object loss with the development of the oedipal triangle, resort to proxy mechanisms in which aggression is projected onto the proxy parent and hate of the main love object is also deflected from the self toward the proxy parent. This is acted out in later life with spouse and children, and in the transference in analysis. Dr. Rubinfine also questioned whether Anna Freud regards only passive and libidinous aims in 'altruistic surrender', adding that where she deals primarily with problems of instinctual gratification, Dr. Wangh shows how the same mechanisms may be used to preserve object relations.

Dr. Rudolph Loewenstein called Dr. Wangh's paper a fine example of how the study of pathology illuminates normality. Proxy mechanisms and regressions to fixation points are utilized by normal individuals too, in family and group life. He added that the need for an accomplice is manifested in proxy mechanisms and called attention to Freud's pertinent statements on borrowed guilt. Severe technical difficulties are encountered in the problems involved because of lack of knowledge of the psychology of the proxies who, so willingly, even easily, offer themselves to be used in this way. However, simultaneous analysis of spouses, parents, and children offers hope for more knowledge in this sphere.

Dr. Edith Jacobson emphasized the importance of proxy mechanisms in acting out and in delinquency. She thought Dr. Wangh had underestimated the instinctual gratifications vicariously achieved by way of the proxy. The fear of object loss, then, would be fear of losing the object which serves for such vicarious gratifications. While partial fusion may take place, she did not consider this a fusion phenomenon such as that which occurs in twinning reactions.

Dr. Max Schur called the proxy phenomenon ubiquitous and cited its regular occurrence in dreams as evidence.

Dr. Marcel Heiman said that in marriage the spouse is the chosen proxy and the child is reared as the parents' proxy. He cited an example of a patient who used a dog as proxy to show that even animals can become proxies.

In conclusion, Dr. Wangh said he was aware of the frequency of the phenomenon and of the increasing interest in it, attested by the increasing number of articles appearing on the subject. Some of these he had included in footnotes to his paper. He stressed the unconscious quality of the defense—that it was not consciously or knowingly determined. He did not deny the existence of a love relationship to the proxy object, but wanted rather to stress its narcissistic component. He agreed that multiple function holds for this as for any other phenomenon in mental life.



October 17, 1961. MATERNAL STIMULATION, PSYCHIC STRUCTURE, AND EARLY OBJECT RELATIONS (WITH SPECIAL REFERENCE TO AGGRESSION AND DENIAL). David L. Rubinfine, M.D.

This paper deals with the structural and economic consequences of frustration and need satisfaction in the development of object relations, and the differentiation of self from nonself. Whereas Piaget has studied the infant's adaptation to relatively conflict-free stimuli, Dr. Rubinfine is here interested in what happens when there is no sensorimotor organization capable of assimilating very painful experiences, such as prolonged absences of the maternal object, disease, or massive overstimulation. He emphasizes that the mechanism of denial and its precursors function to make objects assimilable. Assuming there must be means by which the experience of nongratification can be warded off, he postulates that when tension is strong and frequent the groundwork is laid for fixation to an ego state in which denial, introjection, and projection remain the major defense mechanisms in an attempt to repair the object and make it assimilable. In contrast, when need satisfaction is always available there should be a relative absence of tension which delays the development of the capacity to distinguish self from nonself, and interferes with the development of the capacity to discharge aggressive drives toward external objects. Instead, aggression is turned against the self. If the mother is absent or rarely present, the author assumes that there may be a failure in cathecting the perceptual periphery.

Dr. Rubinfine's essential hypothesis is that the primary cause of disturbance in object relations is the premature differentiation of aggression out of the undifferentiated energetic reservoir. If the newborn infant is exposed to sufficiently intense and continuous pain, the buffering role of the mother is ineffective, and the pain is represented as failure of need satisfaction; the aggressive drive then differentiates first. This promotes a hypercathexis of the perceptual apparatus—an earlier awareness of the object as separate from the self and primarily 'bad'. To insure survival a proliferation of what might be called the precursor of denial, i.e., the maintenance and intensification of the stimulus barrier to the point of negative hallucination, results.

In support of his thesis, Dr. Rubinfine quoted observations on two eight-month-old boys reported by Escalona, the animal experiments of Harlow and Schneirla, a clinical case from his own experience, and observations on autistic children. Such children develop greater interest in inanimate objects than in human beings, which suggests their feeling more comfortable with the constancy and stable boundaries of the inanimate objects. Whereas Mahler attributes this defect to an 'excitation preventing movement of instinctual energy from internal organs to the perceptual periphery', Dr. Rubinfine attributes it to a premature cathexis of the perceptual periphery with aggressive drive energy. If spontaneously, or through treatment, the ego is enabled to recathect external objects, it signifies that the image of the bad object has succumbed to repression, possibly producing the kind of behavior characterizing Mahler's symbiotic children. Under stress, this image may return from repression and manifest itself in psychotic defenses such as catatonia and paranoia.

In the final section of the paper, Dr. Rubinfine commented on the prototypes, genesis, and major function of the mechanism of denial which he feels plays a

crucial rôle in the development of object relations: there is a screening apparatus which is capable of reducing a percept to a signal and if it is one which evokes unpleasure it is not allowed to reach awareness. Denial is originally directed against painful percepts of the earliest object which might evoke aggression and hence threaten object loss, thereby helping to preserve object relations. Hallucinatory wish fulfilment, therefore, may constitute the earliest psychological model of a denying fantasy; it defends against premature painful awareness of the object as a separate entity, and, in the time table of development, it occurs before the establishment of relative libidinal constancy, arousing a preponderance of free aggression, and it threatens object loss. 'It follows that early and severe disturbances in object relationships constitute the most significant factor in the choice of denial as well as its defensive aspects.'

DISCUSSION: All of the discussants found the paper highly interesting and original. It was discussed by Drs. Rudolph Loewenstein, Albert Rosner, Max Schur, Walter Stewart, and Martin Wanhg. Their observations are extracted and combined. It was felt that none of the theoretical concepts were sufficiently supported by the clinical material and the animal experiments. The weight of evidence is still in favor of the probability that during the first months of life structure-formation is promoted by an optimum of phase-adequate stimulation and gratification; that it is only later, when withdrawal apparatus has reached some maturation, that the infant can develop his adaptive inhibiting structures. It is difficult, if not impossible, in very young infants to distinguish between libidinous and aggressive expression and activity. As he develops, one can only observe fixation and patterns of reaction energized by both drives whose schema was established earlier. Differentiation of self from object is a complicated, multi-determined, long-term process, involving complex ego development of both drives. Dr. Rosner added that the more aggressivized the earliest relation to the original object, the greater the likelihood of libidinization of the defense against it. Escalona's children do not necessarily illustrate that earlier differentiation between self and object leads to disturbed object relations. Dr. Wanhg felt that it proved the opposite; that the second child had an earlier differentiation between self and mother and a better object relationship. Reconstruction from early life, especially in psychotic patients, is always dangerous. Dr. Loewenstein thought that the patient's regressive behavior did not illustrate memory of past experience and that it was more than an attempt to please the analyst in an old pattern. It involved regression to the point of nondistinction between self and nonself. He cited a case to illustrate how important it is for a schizophrenic to depersonalize and abstract the analyst: the patient referred to 'this place' rather than 'you', meaning the analyst. Several discussants wondered whether Harlow's monkeys, reared with doll-mothers, had an ever-present, always available, nonfrustrating mother. Was it not more likely that they experienced inadequate gratification from an inanimate mother substitute?



October 31, 1961. PASSIVITY: INTERPRETATIVE AND THEORETICAL ASPECTS IN PSYCHOANALYTIC TREATMENT. John E. Hughes, M.D.

Dr. Hughes described a group of patients, termed 'coasting characters', who try to get through life with a minimum of effort. He emphasized the importance of the interpretation of their passivity as a character defense and as a resistance in the analysis. Interpretations on this level proved unusually effective in initiating productive analytic work. He reviewed the concept of passivity which is based on the passive state of the fetus, the dependency and narcissism of the infant, and the biological influence of the death instinct. He pointed out the primary importance of the early mother-child relationship in the normal development of activity and productiveness.

In describing the dynamics of pathological passivity, Dr. Hughes stressed the oral and anal fixations, sadomasochism, homosexuality, and deficient sublimation. He described the simultaneous identification with the wished-for indulgent mother and the indulged child. The lives of such patients are characterized by an attempt to obtain from powerful adults what the mother had failed to give. These patients generally have unaffectionate, domineering mothers. Dr. Hughes suggested that the difficulty in bringing repressed material to consciousness was a manifestation of passivity. The reluctance of these patients to be active also represents a wish to repeat states of low tension, a wish for the peace of the inorganic world.

DISCUSSION: Dr. Raymond Gehl commended Dr. Hughes for his contributions to characterology. He distinguished between elemental and syndromal character typology. The former consists of polar opposites such as active-inactive, magical-logical, impulsive-controlled. The latter are complex combinations such as hysterical and anal. Recent descriptions include such concepts as ego distortions (as-if characters, etc.) with whom coasting characters could be classified.

Dr. Norvelle LaMar discussed the relationship of passivity to maturation and growth in the child. He pointed out that an unsatisfactory early mother-child relationship results in sadomasochistic and passive propensities. He quoted Montagu to the effect that gestation in the human is only half completed at birth. Particular combinations of environmental influences, such as the interpretation of growth as hostility, can inhibit and distort the growth process.

Dr. Otto Sperling stated that he would consider the first two patients as lazy rather than passive. Laziness is a specific activity of the ego, since the id cannot be considered as passive. He thought that the statements described by Dr. Hughes were effective not as interpretations, which made the unconscious conscious, but as accusations which mobilized guilt feelings.

Dr. I. Peter Glauber pointed out that these patients can do what is assigned to them but cannot initiate activity. He believes that part of the explanation of their passivity is the fact that they have: 1, lived in a symbiotic relationship with an indulgent and anxious mother; 2, maintained a state of primary identification; and 3, dealt with part object relationships. Interpretation should be directed by these dynamic considerations.

Dr. Hughes closed the discussion by restating the fact that his was primarily

intended as a clinical contribution. He agreed that the suggested interpretations lead to a sense of guilt in these patients. However this was a realistic consequence of the patients' developing insight and was an essential aspect of the analytic work.

MANUEL FURER

November 14, 1961. STRUCTURAL CONSIDERATIONS IN OVERT MALE BISEXUALITY. Philip Weissman, M.D.

Dr. Weissman presented three cases of overt male bisexuality as a framework for his discussion of the significant structural and genetic variations which may be found in the analysis of such behavior. To understand overt bisexuality, in which both heterosexual and homosexual wishes and activities are gratified, it is necessary to determine the origin of the passive homosexual wishes which come to expression.

Two cases were described as representative of heterosexual men who, under certain conditions, manifested homosexual activity with a real but regressive object as a result of superego pressure for a negative expression or solution of unconscious heterosexual oedipal conflicts. These patients, essentially heterosexuals with pseudohomosexuality, are termed overt oedipal bisexuals, since the homosexuality, as well as the heterosexuality, originates in the oedipal period. In contrast, another group of bisexuals was described—perversionistic homosexuals forced by the superego and the ego ideal to manifest heterosexual activity. Since their homosexual wishes and activities derive from preoedipal identifications which are carried over as such into the oedipal period, and their heterosexuality is a pseudoheterosexuality stemming more from superego demands than from true oedipal wishes, they are termed overt preoedipal bisexuals.

In a detailed case presentation illustrating this latter type of bisexuality, Dr. Weissman sought to show how such patients are still able to gratify the homosexual aim by way of their heterosexual activity. The patient presented, Y, showed a psychosexual development typical of preoedipal homosexuals with early preoedipal identifications with the mother, and an arrest of his object relations on the narcissistic level. During the phallic phase he endowed his mother with a penis in his own image, and in the oedipal period, primarily on the basis of his preoedipal narcissistic identification, identified with her in his negative oedipal solution. This homosexual solution, furthered by his seeing himself as feminine and castrated because of his harelip, was opposed by an archaic superego which demanded conformity to the ego ideal of his masculine, stoical, Germanic father. A bisexual compromise resulted. Despite several homosexual experiences in adolescence and in the year prior to analysis, his activity was prevalently and pleasurably heterosexual. Special requirements were demanded of his heterosexual object—that he consider her older or more experienced than himself, that she should be married, and that he should have known her previous lover and the details of his sexual behavior, which indicated not only his basic homosexual attachment to the other man but also that he viewed the woman as a fetishistic object. Therefore, his heterosexuality, although pressured by the superego, was made possible by the enlisting of a fetishistic device in which the woman's body was unconsciously equated with the phallus.



Hence, the apparent heterosexual activity satisfied not only the demands of his superego and ego ideal, but also the homosexual aim, since the object remained narcissistic and phallic in his own image. The question was raised whether the patient's high level of heterosexual satisfaction arose from his simultaneous gratification of the actual and the illusory (fetishistic) object.

Dr. Weissman stated that the types of overt bisexuality described were not intended as specific exclusive classifications but rather as examples of the extremes in the spectrum of many variations proceeding from the early preœdipal to the postœdipal period. The justification for his classification lies in its clinical usefulness for the better understanding of the structural and genetic developments of any given case.

DISCUSSION: Dr. George Wiedeman wondered if the author's fitting his cases into an œdipal or preœdipal category was not too limiting a concept to encompass the complex intermingling of structural and genetic factors. Whereas preœdipal bisexual identifications and narcissism might predispose to homosexuality, its eventual appearance depends on the vicissitudes of ensuring œdipal and post-œdipal periods; e. g., could it really be shown that Y's difficulties were more related to preœdipal than to œdipal identifications? A more precise clarification of structural influences is also needed when, as in Y's case, the superego is so severe, while in another of the cases presented it was apparently defective. The poorly structured ego of the homosexual must be considered with its primitive tendencies to denial, splitting, and faulty functioning in the areas of impulse control and synthesis. Dr. Wiedeman also commented on the confusion which might arise in restricting the description of homosexual object relations to either structural or libidinal concepts.

Dr. Gustav Bychowski felt that this paper emphasized the bisexual potentiality of the growing individual and the particular importance of early object and pre-object formation on subsequent psychosexual development and patterning. The relevance of his own work, in the area of early introjects and the early self-image, and its relationship to future homosexual object choices, was reviewed. Dr. Bychowski found confirmation in his own clinical experience for the types of bisexuality described, but noted that Y must also have had sufficient heterosexual libido to sustain his façade. In this connection he added to the superego mechanisms described in the paper by underscoring another, whereby the ego ideal representing an unconscious hypercathexis of the early self is projected onto male figures who become symbols of virility; in identification with these figures, homosexuals can bolster their self-esteem by recapturing their own dwindling virility. He felt the mechanism to be an important facet of Y's identification with his mistress's prior lovers. He found Dr. Weissman's concept of the female body as fetish provocative and useful.

Dr. Phyllis Greenacre believed that an adequate discussion of the superego would require more specific references to its earlier roots, which are subtly interwoven with processes of ego development that are of particular importance in such cases. She was impressed by the role of body ego problems in bisexuality, and felt that Y's harelip accentuated the problems of the oral phase, increasing the tendency to primitive and imitative identifications, and further contributed

to a distortion of the underlying body image and body ideal—all of these factors probably magnifying his feminine identification. These early ego and superego weaknesses were more likely of greater influence in Y's need to preserve a masculine image of himself than the cultural and parental pressures which were later incorporated into the superego during the resolution of the oedipal conflict. Dr. Greenacre did not believe the patient could be compared precisely with the classical fetishist, but that his fetishisticlike support was divided between the other man, who served as the model for incorporation, and the woman, who offered such a model to the patient. Finally, she noted that the sexual excitement in such patients seemed more like a frenzy, showing a great admixture of anxiety and the narcissistic gratification at having accomplished the act.

Dr. Robert Bak commented that one could not generalize about the superego and ego in homosexuality, and that Dr. Weissman had perhaps assigned too much influence to the superego in the case of Y's heterosexuality. He wondered whether in cases of bisexuality we might not be dealing with a compromise between active and passive phallic aims, whereby both parents are retained and any expression of aggression is avoided.

In conclusion, Dr. Weissman reiterated that he had not intended to generalize in terms of classification or structure, but rather to highlight various facets of the problem in accordance with the clinical material of specific cases. Hence the superego factors discussed by him seemed more central in the cases he presented but this did not rule out other facets of the role of superego or ego raised by the discussants.

NORMAN M. MARGOLIS

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The INSTITUTE FOR ADVANCED PSYCHOANALYTIC STUDIES has been established and its members will meet at the Nassau Inn, Princeton, New Jersey. During the 1961-1962 academic year, Dr. Robert Waelder will be in residence for three weeks. Others who have accepted invitations to be resident members of the Institute are: Drs. Brian Bird, Victor Calef, Samuel A. Guttman, Heinz Kohut, Samuel D. Lipton, E. Pumpian-Mindlin, Leo Rangell, Victor H. Rosen, David L. Rubinfine, Martin H. Stein, Arthur F. Valenstein, and Henry Wermer. Proceedings of the meetings will be published.

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The INSTITUT DE PSYCHANALYSE held its fourth seminar in January 1962. The theme of the meetings was The Phobic Structure.

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The CHICAGO INSTITUTE FOR PSYCHOANALYSIS announces the appointment of Elsie L. Haug, M.D., child psychoanalyst, to its staff.

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Drs. Karl and William Menninger have been given awards by the NATIONAL INSTITUTE OF SOCIAL SCIENCES in recognition of their work in the field of psychiatry



and as leaders responsible for the improved diagnosis and treatment of mental disease in this country.

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Professor Walter F. Starkie, visiting professor of Spanish at the University of California, was the Alfred P. Sloan Visiting Professor in the MENNINGER SCHOOL OF PSYCHIATRY, in November and December 1961.

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The thirty-ninth annual meeting of the AMERICAN ORTHOPSYCHIATRIC ASSOCIATION will be held in Los Angeles, March 21-24, 1962. Major emphasis of the meeting will be on the ways in which various specialists work together in mental health programs. The meeting will open with a Joint Session with the World Federation of Mental Health. The major address of this session will be by Dr. Paul Sivadon of France, director of a program which provides a broad range of psychiatric and mental health services to teachers and their families throughout his country. Other sessions will be devoted to Community Action Programs for Mental Health, The City and Its Environment, Social Action for Human Welfare, and Adolescence and Delinquency.

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The Hofheimer Prize of \$1500, awarded annually by the AMERICAN PSYCHIATRIC ASSOCIATION for an outstanding research contribution in the field of psychiatry or mental health, is open to citizens not over forty years of age of the United States and Canada. Studies in press or in preparation are not eligible. The next award will be made at the Annual Meeting of the Association in May 1962. Entries submitted to the Prize Board before March 2, 1962, will be considered. Information concerning other requirements may be obtained from Dr. Peter H. Knapp, Chairman, Hofheimer Prize Board, Boston University School of Medicine, Boston 18, Massachusetts.

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The Silver Hill Foundation, Inc., of New Canaan, Connecticut, has announced a three-year residency training program in psychiatry. Information concerning the program may be obtained from Dr. William B. Terhune, Medical Director, Box 1177, New Canaan, Connecticut.

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Arthur Burton, Ph.D. and Donald T. Lunde, Ph.D., of the Agnews State Hospital, San Jose, California, have recently compiled BIBLIOGRAPHIC SOURCES OF EXISTENTIAL THOUGHT. A limited number of copies of the bibliography are available from Dr. Arthur Burton for a fifty-cent mailing charge.

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A unit for the treatment and rehabilitation of narcotics addicts has been opened at the UTICA STATE HOSPITAL, Utica, New York, to serve the upstate area. Other narcotics units in New York State are located at the Central Islip State Hospital

on Long Island, and at the Manhattan State Hospital, Ward's Island, New York City.

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The first meeting of the newly formed ASSOCIATION OF PSYCHIATRISTS IN AFRICA was held in Western Nigeria in January 1962. The Association, first of its kind in Africa, will include in its membership all psychiatrists working or living in Africa. Its secretariat is located at the Neuro-Psychiatric Center, Aro Hospital, Abeokuta, West Nigeria. In addition to publishing a journal which will spotlight African mental health problems, the Association will organize an African psychiatric bibliography to facilitate research in the field.



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## ESCAPADES: A FORM OF DISSOCIATION

BY GUSTAV BYCHOWSKI, M.D. (NEW YORK)

When one rereads the classic descriptions of what used to be called multiple personality, one is struck by the rather sharp dissociation of various aspects of the ego or, to use Erikson's terminology, the wide diffusion of ego identity. With the further development of psychoanalytic ego psychology, such observations seem to be less frequent and the reported clinical pictures less sharply delineated. Fugue states show a split in the feeling of ego identity, and in some extreme cases the dissociation allows the individual to act out two different aspects of ego identity, or, if one prefers, two different ego sectors. Usually one aspect is more syntonic with the status of the individual; the other an expression of repressed or denied fantasies which are derivatives of less ego-syntonic id impulses.

In certain rare instances dissociation serves to repress an entire sector of the personal history, a feat which, however, cannot be accomplished without repressing or denying the entire feeling of ego identity. As a result, the individual ignores everything that might help to disclose his personal identity. The discriminating selectivity of this dissociation is indicative of the purposefulness of the whole process. The hysterical nature of the dissociation is confirmed by the therapeutic result of deep hypnosis which alone, according to my experience, can undo the dissociation and restore knowledge of personal identity.

With the changes in the clinical pictures that come within the range of our observation, these cases, well known to older psychiatrists, are rarely seen by contemporary psychoanalytic clinicians. While in these extreme instances the act of repression or denial of personal identity must be considered to be unconscious, psychoanalytic experience with forms of partial dissocia-

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Read before the New York Psychoanalytic Society, March 1961.

tion discloses various degrees of conscious awareness and, accordingly, varying degrees of dissociation.

The dramatic aspect of a case was enhanced by the highly conventional background of a middle-class housewife and mother. The patient had been a good student and, after graduation from college, she had married a man of her choice whom she had met when they were both in their first year of college. The family, which came to include several children, fared well and her married life was uneventful for many years. She then suddenly started to disappear from home during entire days, giving various excuses. In the course of time these absences became progressively longer, extending from days to weeks. During the absences she would telephone to inquire about the welfare of the children. After the husband had succeeded in locating her and bringing her home, she would be briefly hospitalized but after leaving the hospital, her truant behavior was promptly resumed. At no time did she declare any deliberate intention of leaving her husband.

A few days after consenting to analysis, she failed to keep her appointment, did not return home for dinner, and stayed away for the night. She was agitated and confused when confronted with her behavior, which she was unable to explain. It seemed a good prognostic sign when she was easily persuaded to enter a hospital. During the month she spent in an institution, she was a model patient and complied willingly with all tests and examinations. She was discharged to the care of her husband and started analysis.

It was possible to establish the following data about the patient's escapades, for which there was some blurring of chronological data but never a true amnesia.

About a year prior to the time when she had begun to absent herself from home for days, she contracted a second marriage to a man of her social class. They both knew that she was already married but this did not prevent them from going through a marriage ceremony. This double existence came rapidly to an



end without any further events; she lost interest in the man and, besides, as she commented in the light of her subsequent insight, this was not 'low enough'. Her second escapade, however, took a different turn. After a brief affair, she married a simple workman who was separated from his wife, the father of several children who were living with him. She moved into his house, assumed all the chores of a simple housewife, and took care of his children. She even acquired a few simple dresses, in keeping with her new social status.

At various points in her analysis, when the question was raised concerning the deliberate awareness of her actions, it appeared that she never actually forgot her true personal identity. She was doing her best, she said, to make herself forget all about being Mrs. X, so that she could find herself in her new role. In this she succeeded for long periods of time. 'You asked me', she said, "Did you know what you were doing?" I said that in a sick way I knew what I was doing. I knew that in marrying another man I was committing a criminal act. I tried to get absorbed in details so as not to think. I became involved in the things I was doing. I don't know how I could go through it. I was trying to go down to the bottom and was not allowing myself to think it through. I kept myself from thinking. Sex helped to forget things; one could become immersed in it, put off thinking for half an hour. All the practical steps were also helpful, such as taking the blood test.

'I could put out the awareness of being already married. At first I was hoping I could get out of it [the new involvement], and yet I was making it impossible. I was carefully avoiding being alone for a minute so as not to be able to think things through. I was taking myself as far away from myself as possible, was making myself unable to see the forest for the trees. I was play-acting with the idea of a new marriage, having started it as a flirtation. I told my first substitute-husband I was now free from my real husband, had reached an agreement with him; that I could hand over my whole life to this escape, not just for a couple of hours.'

To illustrate her ability to alter her state of consciousness, I

shall quote verbatim from her reminiscences during the period of hospitalization. 'I was present only in parts, floating above the situation like in fever, was aware of everything but not entirely present, waiting for the day when I would come to you. I felt you were tough and this was what I needed.'

Analysis proceeded uneventfully with only occasional interruptions caused by external events; it led to recovery and the resumption of a well-integrated existence. During the treatment the course of her development which led to the urge to escape from her actual self and to create a new ego identity came to light.

The patient was the older of two daughters of an upper middle-class family that occupied an important social position in a small town. This status, though important to both parents, was of vital significance to the mother; she seemed to have built her existence on two principles: maintaining social appearances and dominance of her family, which she achieved in direct or devious ways. Her behavior ranged from anger and violent scenes to fainting, paralysis, and taking to her bed for months. While she used these devices to control her husband and her daughters, she reserved special methods for the latter. She knew, of course, how to make them feel guilty for causing her varied ailments, but she also spied on them and punished them cruelly. One of the patient's earliest memories was of her mother hovering like a shadow in the corridor at the door of the girls' bedroom, like a sentinel on guard. This would take place after the ritual of inspection of the girls tucked in their beds—to reassure herself about the position of their hands. The girls were admonished to be immobile in bed. One of the deeply repressed traumatic experiences, to emerge only in an advanced stage of analysis, was of a brutal punishment for masturbation inflicted by the mother on the patient in her fifth year: the mother sat her on a pail filled with boiling water and kept her there until the child developed blisters.

Another traumatic experience revealed the core of the family



pathology. One day the enraged mother pushed the patient down the stairs and the child suffered a broken collarbone. This rage was the result of the child's disclosure to the father of one of the magic ceremonials of the obsessive-compulsive mother which she wished to be kept secret. In both instances the whole truth was withheld from the father: in the first, he was told of the child's masturbation but not of the punishment for it; in the second, the fracture was presented as the result of an accident. The little girl was forbidden to confide in her father and was supposed to cover up for her mother. Nevertheless, the child established an early alliance with her father: things had to be kept from mother for the sake of protecting her health and preserving peace in the family.

To the outside world the family had to present a united front of perfect harmony and respectability. It is obvious and of considerable significance that this façade could be maintained only with a great deal of hypocrisy—covering up the numerous conflicts between the parents, the mother's quarrels with the father's family, and the lack of candor between the mother and the daughters. Not content with all these direct ways of controlling her family, the mother tried her best to shape images of her daughters according to her own ideas and prejudices. These ranged from boasting that the patient at the age of eleven was completely innocent of any sexual knowledge to instructing the child not to smile too broadly, which looked vulgar and would make her mouth too large, to not getting too much sun tan as this would make her look too Jewish. In this endeavor to mold the child in her image, the mother had a faithful ally in the father who endorsed the same ideals of social prestige and respectability and, like the mother, relished every social 'success' of the child; however, he joined forces with his daughter in the unspoken conspiracy of covering up and denying his wife's pathology, and, for the sake of peace, avoiding any opposition to her.

The superior intellectual and social attainments of the child provided ample opportunity for both parents to bask in her

achievements. However, to the patient herself some of the latter intensified her precarious life situation based on an early split in her self-identity which was accompanied by a dissociation of the images of both parents. Her image of self, created and maintained by both parents, was that of an extremely proper, conventional, and, especially according to the mother, virtuous and sexually uncorrupted little girl. Her father put stress on her intellectual attainments, was proud of her marks and varied intellectual aspirations. She learned to pretend to both parents and to act according to their expectations. In addition to conforming to the ideal image of her self, she withheld some information from the father, as demanded by the mother, and deceived the mother about her father's acceptance and approval of her. Deceiving, denying, and pretending became the pattern of her existence, carefully maintained under the guise of truthfulness and conformity.

Under these circumstances there inevitably occurred situations illustrative of the gap between the ideal image and some of the real events. One example will suffice. In preparation for her confirmation, the eleven-year-old girl had special instruction from the rabbi who engaged in sexual play with her. The parents were proud of the special attention shown their daughter, as the young rabbi distinguished her and showered her with praise on many public occasions. In recalling this episode, which she had hitherto completely repressed, the patient was deeply disturbed. She wished that her father had known the truth about her religious instruction, that he had not loved her for what she was not. Her impulse to shed all pretense, and to reveal the falseness of the image to which the parents had forced her to conform, was to deprive her mother especially of the proud self-aggrandizement both parents contrived at her expense. This is of great importance for understanding the dissociation and the subsequent acting out. Serving as a prop to sustain her parents' narcissistic needs was from its very origin accompanied by a growing yet constantly suppressed wish to become somebody in her own right: to destroy the image falsely created and maintained by them.



The growing conviction of her father's weakness and cowardice in relation to the mother, combined with her desperate clinging to this beloved image as her only source of love and self-respect, led to a split in the paternal image. The positive oedipal image of the good and strong father by whom she could expect to be rescued remained conscious despite all the evidence to the contrary. In one of her earliest childhood memories she saw herself lying in her bed at night, aware that her mother was watching at the door, and waiting in panic for a man in pajamas to crawl in through the window.

As a reaction against the hateful and horrifying mother, she created the image of a good mother who deserved love, respect, and absolute obedience. The ego ideal was thus composed of imaginary positive parental elements, while the superego retained only the introject of the cruelly harsh and insatiably demanding mother.

Popularity in college years served temporarily to erase feelings of female inferiority. She still liked to remember that she received seventeen proposals of marriage.

Prior attempts to escape occurred on two occasions. Approaching graduation from college, she failed to pass the final examinations and had to retake them, although she was an excellent student. After her engagement she went abroad to study and without any explanation stopped writing to her fiancé. Had it not been for the outbreak of war, she believes she might never have returned home. Shortly after marriage she developed a severe claustrophobia. This, first, was a reaction of the ego against the wish for privacy which, in her unconscious, had the meaning of all the sexual desires that were forbidden. These encompassed masturbation, oedipal wishes, and the implied wish to be shielded from the mother's control and prying watchfulness. Second, the phobia was an expression of the wish to escape from her imprisonment, a distortion created by the ego to include the entire frame of her existence; to wit, her home and family, her actual world, and the world of her childhood. In the last analysis, and this could be convincingly reconstructed from dreams and fantasies, the phobia was a defense against re-

gression. The fulfilment of the regressive wish would restore the bliss of the earliest union between the little girl and her mother, and abolish dangers implied in instinctual gratifications on various levels, including the œdipal.

The dissociation in the image of the self began at the age of four with the death of her grandmother, whom she loved dearly, who was a thoroughly genuine, warm, and loving person, and who she felt was her real mother. The grandmother went away for a visit and never came back; meanwhile the little girl waited, at a loss to understand what had happened. In this death she lost 'a better part' of herself.

Exposed to the hypocrisy of both parents and to the strict injunctions of her mother, the patient conformed more and more to these demands. She learned to appease the mother and placate the father in presenting a common front to the mother. The positive image of the self had to be reaffirmed and embellished with all possible superlatives of attainment, as this was demanded by both parents to compensate for their own inadequacies. The process of dissociation affected in parallel the parental images as well as the image of the self because in this patient, much more than under usual conditions of development, the image of the self was exacted by the parents and their images.

In the first stage of her analysis, the mother appeared to the patient as a great, virtuous lady, devoted to her family and a custodian of high morals and principles. Her frail health imposed on the patient and her father special concerns and obligations. None of the mother's assertions or acts could ever be questioned; the patient also tried to comply with some of the absurd demands made by the mother who, by that time, in addition to her neurosis, was seriously handicapped by a crippling physical condition. The additional guilt from repressed hostility and remorse for her scandalous escapades hardly needs to be mentioned. With much surprise the patient gradually discovered that her mother was 'stupid and limited'; that she was



selfish and cruel, pretentious and immensely conceited. She never read a book or busied herself with any womanly pursuits such as baking, cooking, or sewing. In dreams and fantasies she appeared to the patient as a malevolent witch from whose clutches it was difficult to escape.

Her attachment from early childhood to her father did not replace the early attachment to the mother. She sought in him a natural savior from the misery of maternal oppression, a role which he could play in her infantile fantasy with relative impunity. It was delightful to be on his lap or to be taken by him at night to the bathroom. With the beginning of oedipal sexuality, the injunctions of the maternal superego instilled a deep guilt and fear of the sexualized paternal imago. Later, under the cover of the secret covenant with the father which filled her with pride, she harbored deep resentment against him for his lack of moral courage. The process of splitting extended then to the paternal imago as well. The patient was deeply shocked and disturbed when, at one point, she felt bound to describe him as 'craven'. This discovery was most upsetting and caused her much pain and anguish. It proved to be a turning point in her analysis and led to the development of deep positive transference.

This patient's antithetic images of herself are best illustrated by the fact that, when she was finally caught red-handed in her 'new home' with her 'new husband' and taken to the hospital, she appeared wearing a girl scout uniform. With all her deviations from the path of virtue she managed to retain an important position in that organization. 'What a perfect niche that was for me', she observed, 'it was the aid and abettor of my masquerades'.

In her early girlhood she saw herself as an ugly 'black blot', plain and unattractive as compared to her sister. It was a bad thing to be a woman, attractive and seductive to men. Feminine pursuits were frowned upon, and intellectual achievements concealed her deep feelings of inferiority as a female. She would have liked to admire her father, to look up to him, and, in true

feminine way, to follow his leadership. Instead she was confronted with the maternal ego ideal based on emasculating the man, manipulating him for purely selfish purposes, and denying him any love. Œdipal strivings could not be worked through and resolved but instead had to be denied with a general banishment of sexuality from the fictitious image of herself. False standards presented by the mother and the father as her silent partner and conspirator had to be incorporated. Conformism and opportunism, concern for respectability through abiding by the standards propounded by her parents, became the attributes of this artificial self. In this constellation all the various talents and attainments became tainted as supportive not only of the social façade but of her parents' claims and aspirations, and contributed to the false images of them.

The antithetic image of the self was composed first of repressed and denied instinctual drives, and second of a reactive denial of false values represented by the parents. For this reason the repressed instinctual drives came more and more to represent what in her analysis she came to call her 'true self'. The revelation to the world of this 'true self' would undo 'lessons in hypocrisy' which in the course of years were imposed by her mother. She felt that her mother had exploited her assets as 'a woman would use her daughter to make a prostitute of her'. Though fully accepted by her predominantly gentile environment, she felt like 'an ugly Jewish duckling', undeserving of all this kindness. She was convinced that, like Moses, she would never enter the Promised Land. With all her attainments and her intellectual superiority she felt, she said, like Disraeli to whom Queen Victoria referred as 'my Jew'.

The patient's husband had been chosen on the basis of certain unconsciously felt resemblances to the father. In marriage he and the new home gradually came to represent the old hated reality. She convinced herself that he, too, did not 'love her for her true self', but cherished the façade she presented to the world. In the course of time he became the 'monster' whom she provoked by her infidelities which could not be prevented save



by measures of coercion which she then could properly resent. Like her mother, she proceeded to emasculate him by way of acting out. She taunted him with lack of manliness and homosexuality, resented his early dependence on his father, his apprehension about her first pregnancy, etc. She then fled to new and degraded love partners with whom, of course, she was even less equipped to preserve any constancy.

In the later stages of her analysis she had the following dream.

There were two little girls, one holding a horse, the other sitting in a pony cart. Both girls were terrified by the situation, yet the latter was much more afraid than the former. The girl in the little carriage was much less able to control the horse [the injunctions of her mother and her own libido].

Increasingly oppressed by the false ego identity imposed on her by her parents, the ego sought a new identity. She dreamed:

A homely adolescent girl, in love with a crude and simple boy, was 'necking' with him in a public park. The girl, who was unhappy at home, felt unloved.

This dream is clearly related to the final escapade. Her simple lover was helping her to escape from her marriage, which she had come to distort as equivalent to her relationship with her parents.

As the analysis progressed rapidly, she experienced increasing love for her husband (the children had never been emotionally abandoned by her). She asked her husband whether he would marry her at this moment if he had the choice. At this time she dreamed:

A laborer intruded into her and her husband's bedroom. She threatened to expose him as being a gangster, wanted to cry for help, and offered him her earrings if he would leave immediately.

Final clarification was not achieved without reassertion by the unconscious ego of the state of confusion between various images of love objects and contrasting images of the self. One

of the ambiguous defenses in a series of dreams during this period utilized the identity of the first name of her husband and the lover. In one part of the dream she would follow her husband, while in another she followed her lover and was happy to be a mother to his child. In one of the last resorts to resistance, she identified again with her mother. In a dream in which the analyst was but thinly disguised as a Russian composer, she accused him of brainwashing and corrupting a youth while her husband took her part. Her ego being increasingly able to synthesize, she had transference dreams in which the analyst was to be godfather to a new baby. Oedipal wishes were thus made acceptable to the ego and fitted into the frame of possible reality.

Independence toward her parents was asserted in many positive ways after the inevitable and sound display of well-controlled hostility. After she had shed her reactive overdependence and submissive compliance in relation to her aged and ailing parents, she became a reasonably helpful daughter. Her own family life became warm and harmonious after the changes in her behavior and personality helped her husband to forget his grievances and resentment and to overcome his understandable mistrust.

I have indicated some of the salient points of the dynamics of acting out, which I have designated as escapades. In these activities the patient tried to discharge the inner tension created by the discrepancy and the conflict between antithetic images of her self. From childhood on she felt the urge to reveal her 'true' self and to be loved not for the sake of her artificial self and her imaginary virtues. In view of her distortion of the image of her husband and of her home, she felt compelled to seek another love partner and another home which would be more her own and where she would be cherished for her true self.

In her escapades she trampled upon the parents' standards and ideals, upon all the principles of conventional morality, and her own imposed priggish attitude in sexual matters. She could not have punished her parents more cruelly than by wounding



them in what was dearest to them—their pride and social position. At the same time she could punish her husband whose image took over some of their bad qualities.

It became clear that her pathological goals were not reached as long as her escapades could be covered up, and she ended by acting out in a way which could not possibly be ignored.

Another meaning of the acting out is understandable when we realize that in escaping from her husband—that is, from a bad version of her father—she was reaching out for the mysterious intruder of her oedipal fantasies, for the longed-for savior of her childhood dreams. To make the oedipal picture complete, it should be noted that the new 'husband' had the same name and nickname as her true husband and that he was separated from his wife and promised to divorce her for the patient's sake.

By increasing the scale of her escapades, she hoped to be found out by her husband, punished and rescued by him, just as in the fantasies of her childhood she had wished to be saved by her father from further oppression, deprivation, and hypocrisy. 'I lived a lie', she said, 'and nobody would help me'. As far back as her fifth year she realized that her parents were not what they pretended to be; not long after that she became aware that she, too, was 'two people'.

It was rather surprising that, in her analysis, she was able to realize the protective function of the dissociation of her own self. 'I must have felt', she said, 'that were I not two people I could not survive. . . . While my mother was watching me, I had to keep one part of myself away from her. I am strangely glad that I could do it, otherwise I would have become completely engulfed by her.'

The dialectic character of some defense mechanisms of the ego is such that what originally serves to protect the ego eventually becomes its undoing. With further growth and development of personality, the cleavage, though covered up and seemingly not interfering with mental functioning, becomes more incisive and the inner tension more unbearable. Finally, in the climax of acting out, the ego finds not only a way of escaping

and of discharge of inner tension, but it produces desperate attempts at making whole what had been torn asunder by the long process of dissociation; that is, attempts at self-healing.

This patient said, 'I can see now that the escapades were my first crude attempts to bring together the spiritual person and the real one'. By the 'spiritual person' she meant the center of personality which remained intact, untouched by the stain of hypocrisy. In the last analytic session the patient declared, 'My urge to get away from home was not really that at all but rather the urge to get away and finally make all these elements come together'. It was not surprising to learn that one underlying set of fantasies dealt with death and rebirth—that is, throwing herself into the abyss of self-debasement and then attempting to restore her purity and innocence by writing poetry and devoting herself to her children.

Among the many problems raised by our observation I should like first to single out that of unity of personality. Antithetic strivings are, after all, not the privilege of our patients, so that a question arises regarding the varied strength of cohesion or synthesis which, in some individuals, does not suffice to maintain the unity of personality. This is what the old master of multiple personality, Morton Prince, said on the subject: 'There is no limit to the modes and degrees in which personality may be disintegrated, or to the combination in which psychological (or cortical) elements may be arranged and rearranged' (6). And more specifically, 'The real Miss Beauchamp, however, is not permanent. Even memories of the past tend to revive all the original feelings that accompanied them. The mental cohesion of a person with such a temperament necessarily yields to the disintegrative effects of the strain of life' (6, p. 521).

Pierre Janet, too, speaks of an abnormal weakness and, consequently, a defect of unifying or coördinating power which makes possible the splitting of the mind into separate consciousnesses (7). To quote William James, 'It must be admitted, therefore, that in certain persons, at least, the total possible con-



sciousness may be split into parts which coexist but mutually ignore each other, and share the objects of knowledge between them' (5, p. 206). According to Janet (7), the dissociated function remains approximately intact. He considers the preservation of the dissociated function characteristic for hysteria. In other mental afflictions the dissociation is usually more complete, and the functions do not exist anymore in their complete form.

Schizophrenic symptomatology reveals most extreme degrees of dissociation or split, not only of the total personality but of concepts or ideas and even object representations. This writer has observed such dissociations in the experimentally provoked LST psychosis where perception and appreciation of an object could be affected as well. Nothing even remotely resembling these phenomena could be observed in the patient described above.

Another point to consider is the dissociation itself; that is, a simultaneous existence of more than one personality in the frame of one ego. It is evident that this point is in reality a derivative of the first—the problem of unity of personality; it is the impairment of the unifying or synthetic function of the ego which brings about the dissociation. When we consider the responsible etiological factors and have the choice between environmental vectors or forces and a constitutionally given variable (or variables) related to the so-called strength of the ego, it seems most probable that here too we have to bear in mind the concept of a complementary series.

Who is to say what ego, subjected from the beginning of its development to the barrage of an intense so-called 'double bind', would remain intact or develop symptoms of dissociation similar to the patient described? I would rather assume with Freud that the resilience of the ego is a variable with a wide range of shadings, inherent in its anlage and not merely acquired in the process of adaptation.

The existence of personalities in whom unity is incomplete is an important conclusion to be drawn from psychoanalytic ob-

servations. We are reminded that as far back as 1909, Freud said of the Rat Man: 'I cannot take leave of my patient without putting on paper my impression that he had, as it were, disintegrated into three personalities: into one unconscious personality, that is to say, and into two preconscious ones between which his consciousness could oscillate' (3, p. 383).

A third point to be touched upon in this discussion is the role of denial of ego identity. This mechanism has been dealt with in recent years under various headings. Greenson has written of the struggle against identification (4) and I have described what I called the struggle against introjects (1). Erikson, in his detailed studies of ego identity, introduced the concept of negative or evil identity and, in a sharp formulation, caught the dynamic essence of the formation of ego identity. He spoke of it as of an evolving configuration. In his conceptualization, diffusion of ego identity is based 'on the split in the self-images, a loss of centrality, a sense of dispersion and confusion, and a fear of dissolution' (2, p. 118).

The struggle against original introjections and identifications may, in extreme cases, lead to abrogation or denial of personal and even ethnic or national identity. Individuals may confine themselves to the choice of a 'negative identity, i.e., an identity perversely based on all those identifications and roles which at critical stages of development had been presented to the individual as most undesirable or dangerous, and yet also as most real' (2, p. 131). In examples drawn from pathographies of such personalities as George Bernard Shaw and Martin Luther, Erikson demonstrated how the choice of negative identity in time of personal crisis could be put in the service of outstanding and even historically significant creativity. In clinical observations of less illustrious individuals, Erikson showed 'the total choice of a negative identity in individuals who could achieve such escape on the basis of autistic and regressive proclivities' (2, p. 161).

If we look back to the ontogenesis of ego identity, we are naturally confronted with early introjections and projections. As Erikson puts it: 'The mechanisms of introjection and pro-



jection, which prepare the basis for later identifications, depend for their relative integration on the satisfactory mutuality between the mothering adult (s) and the mothered child. Only the experience of such mutuality provides a safe pole of self-feeling from which the child can reach out for the other role: his first love "objects" (2, p. 113). The role of the family as a nourishing soil for the development of ego identity, and the complexity of the interplay between individual and social factors, emerges clearly from clinical observations and sociopsychological studies.

In our effort to maintain consistently the distinction between the ego and the self in the sense of Hartmann's self-representation, we may well agree with the following formulation proposed by Erikson: 'Ego identity', he says, 'would in comparison be even closer to social reality in that as a subsystem of the ego it would test, select, and integrate the self-representation derived from the psychosocial crises of childhood. It could be said to be characterized by the more or less actually attained but forever-to-be-revised sense of the reality of the self within social reality; while the imagery of the ego ideal could be said to represent a set of to-be-strived-for but forever-not-quite-attainable ideal goals for the self' (2, p. 149).

In his study of the problems of identity and adolescence, Spiegel commented on the relative fluidity of the self-representation and its dependence on resolution of conflicts: 'The crucial point seems to be the capacity of the ego to synthesize conflicting identifications into a stable self and sense of self. The self and sense of self tend to remain constant unless shaken by spontaneous acute cathectic shifts due to trauma or by similar changes under the impact of analysis' (8).

As a parallel to the main clinical presentation of this paper, I would like to mention briefly vignettes of two other patients who illustrate the pattern of escapades.

A man in his fifties, a distinguished and dedicated educator, a devoted family man, husband, father, and grandfather, engaged from time to time in homosexual episodes, preferably with

Catholic priests. Despite his life and sexual experience, he found himself time and again doubting 'the reality of sex'. With his homosexual lovers he acted out, in a mild way, some of his sadistic and masochistic fantasies. He came from the ghetto of a small Eastern European town, the son of a fanatically religious and cruel father and a submissive, ignorant, and superstitious mother. With all his enormous cultural and intellectual development and advancement, which he achieved in the United States where he was brought as a little boy, some sectors of his ego remained filled with archaic introjects. His escapades served to defeat and negate some of the archaic models of his personal identity. His attitude toward these episodes was that of surprise, shock, and fear of consequences.

Another man, in his late forties, married, the father of several children, successful in his business and professional life, engaged in brief sexual episodes under special circumstances. One typical situation consisted of summoning his mistress to the hotel where he had spent the day playing a leading role in an important meeting of his organization. He sneaked away from the meeting to a hotel room where he spent a short while in an amorous tryst. Some of his sexual activities had for him the implication of degrading the woman.

The mistress had been inherited from a friend who for years had been an object of the patient's ambivalent admiration. She was selected, and the whole situation constructed, with a double objective of positive and negative ego identity. He wished to establish himself as an irresistible male and great seducer, and a dashing man about town. On the other hand he felt the urge to deny his fear of impotence, the image of himself as a timorous and puny youngster ridden by anxiety; moreover, he felt compelled to deny the actual and apparent image of himself as a highly successful and responsible citizen and a believer in the moral and religious standards represented by his father. In degrading the woman, he got even with a complex introject compounded of his parents and an older sister. He defied not only his parents but God as well.



This patient's elation at his own daring and the success of his scheming was followed by anxiety about being found out and the ensuing social scandal. In the exacerbation of his various phobias, he feared punishment by God, belief in whom he had consciously relinquished for decades; yet, in his fantasies, he envisioned Him in the naïvely anthropomorphic concept of the religious tradition of his childhood.

In an illustrious literary example an escapade, which took the form of a fugue, served the injunctions of the superego. It was Tolstoy who, toward the end of his long life, fled his ancestral and aristocratic home with the idea of living the remainder of his life as a simple muzhik. This goal had been beckoning to him for many years, during which he felt haunted by the guilt of not living according to his ideals. Many years before his tragic flight, he found another solution to his conflict of identity in a famous play, *The Living Corpse*, this time escaping the socially acceptable self and serving the pleasure principle. In the play the hero, a young nobleman evidently representing the playwright himself, fled the boredom of his conventional family life by arranging a simulated death and escaping to live with the gypsies, the symbol of a carefree life of pleasure for many a Russian aristocrat of that period.

The general conclusion of this discussion may be expressed as an extension of basic propositions of psychoanalysis to the concept of personal identity; that is, to the identity of the ego and of the self. In the last analysis the concept of personal identity as a static entity becomes replaced by the concept of a dynamic and relatively fluid configuration.

Such substitution may find its conceptual support in a significant statement by Whitehead, to whom personal identity is an event rather than an entity. 'Thus the event', he says, 'in its own intrinsic reality, mirrors in itself, as derived from its own parts, aspects of the same pattern value as it realizes in its complete self. It thus realizes itself under the guise of an enduring

individual entity, with a life history contained within itself. Furthermore, the extrinsic reality of such an event, as mirrored in other events, takes this same form of an enduring individuality; only in this case, the individuality is implanted as a reiteration of aspects of itself in the alien events composing the environment' (9, pp. 106-107).

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# DREAMS DURING SURGICAL PROCEDURES

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A state of psychological trauma originates when an ego is overwhelmed by events and cannot deal adequately with reality. The study of such a state can provide much information about the degree of preparedness for the traumatic event, about the effect of the trauma, and about the subsequent restitutive devices used to re-establish a state of equilibrium.

An important field for such a study is the dream life of the traumatized. The dream is a technique the ego uses, actually or potentially, to deal with dangerous situations that arise during sleep. Using the residual thoughts of the previous day, the dream work re-cathects repressed conflicts and expresses them in camouflage in the manifest dream text. If the dream fails to bind anxiety, the sleeper may awaken and call upon waking defenses to attain this end.

With the artificially maintained continuous sleep of anesthesia, waking up cannot be used as a safety valve; the ego must rely on other emergency devices. Our study deals with this matter. Two patients, one in psychoanalysis, the other in psychotherapy, furnished us with dreams that occurred during surgical procedures. A subsequent analysis of the dreams revealed the unconscious meaning of the surgical intervention and the ego's defensive and adaptive activities that were mobilized by the traumatic events. To test a number of hypotheses that suggested themselves concerning the ego's function during such dreams, we undertook a preliminary investigation. In this report, we shall first present the pertinent psychoanalytic data that gave rise to tentative hypotheses; secondly, our further in-

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vestigations and preliminary results, and finally, a delineation of the limitations of our study and suggestions as to areas for future research.

### DATA

The first patient, a man in his mid-thirties, had an atrophic testicle, the result of an unsuccessful operation for the repair of a unilateral cryptorchidism at the age of eight. As he matured his other healthy testicle hypertrophied and, contrary to his fearful anticipations, he sired several healthy children. Near the end of his analytic treatment, in its fourth year, he decided to have the atrophic testicle removed, in accord with reality, for his physician had informed him that the nonfunctioning gland might possibly undergo malignant degeneration. Previously similar advice had met with much resistance and anxiety on the part of the patient. When he decided on the operation, he was influenced by the fact that he was still in analysis where he thought whatever feelings that arose could be understood and clarified. The remedy of his defect, which had persisted since childhood, he regarded as a necessary outcome of his analysis. Before the operation he discussed his anxieties quite openly and, since the operation did not entail extensive hospitalization, he resumed his analytic hours the day after.

In his first postoperative analytic hour he reported the following dream which occurred under anesthesia while the testicle was being removed.

I was engaged in a struggle, a tug of war with an older man. He pulled the rope one way. I tried to pull it the other. It was near a body of water. I was very frightened that I would lose. I suddenly awoke and heard the surgeon say 'give him more'. I was asleep again and dreamt of a large wrecking ball that was so powerful and strong. It swung from an overhead crane and spectators looked at it admiringly.

His spontaneous associations were to the surgeon who had told him that he awakened from the inhalation anesthesia just



as the surgeon was pulling on the spermatic cord. The atrophied testicle had been fixed in the scrotum only partially and required manipulation to free it for excision. This apparently caused the patient to awaken. The surgeon had in fact said 'give him more' to the anesthetist. The second dream, of the wrecking ball, occurred when the atrophied testicle was being severed and removed. The patient next recalled that when in the Navy during the war, he had been almost swept overboard but had been saved by a life line thrown to him. He associated the surgeon to his father, a physician, whose office had always been for him a fearsome place. Laughing, he recalled the many times he had misidentified the analyst and viewed him as the threatening physician-father. This time, however, the analyst was realistically differentiated as a helping person rather than as a mutilator, nor did the patient really feel that the surgeon was a mutilator. Indeed, he was a considerate person who spared the patient unnecessary pain and was technically very skilful. The patient's accurate appraisal was confirmed by his uneventful and rapid recovery. Despite this judgment, and the realistic preparation, he related the first dream to castration anxiety. The patient thought the rope referred to his 'tugged' spermatic cord. His association to the body of water was the dangerous experience in the Navy. He also connected it with urinary activity.

The second dream which occurred during or after the excision was associated to a comment the surgeon made when he first examined the patient; he compared the patient's functioning testicle to that of a large bull, explaining that it had enlarged to compensate for the atrophy of the other testis. At that time the patient fantasied himself as a snorting bull, charging about. He summarized the second dream as embarrassment at the nurses seeing him castrated and a wish to have them admire his big, healthy testis.

Several points are clear about these two dreams. The 'tug of war' corresponds to the manipulation of the testis and cord before amputation. It is portrayed as a struggle with an older man and associated with a previous real, threatening situation.

The dream that occurred when the testicle was being removed no longer manifestly presents struggle as the important action; the major theme is reassurance and overcompensation. At no time was the patient concerned about malignancy in the testicle and the subsequent histological study showed no such pathological alterations.

The second patient, a married woman in her mid-forties, had been in psychotherapy for a long time. She had a strong defensive masculine identification with markedly aggressive characteristics. She had always been close to her father who had wished very much for a son. Her masculine identification had drawn her close to her father, without anxiety about the oedipal triumph over her mother. Her husband was a passive man who allowed her to assume a parental attitude and to dominate the family economics. The patient had borne several healthy children and seemed a devoted mother. It was obvious, though the patient was not conscious of it, that not only had she reversed the masculine-feminine role with her husband, but she had transferred attitudes and feelings from her own parents onto her several children.

While in psychotherapy, she began to bleed excessively and irregularly from her vagina. At first she denied it any significance other than as heralding her menopause which, since she had resented the menses, she seemed to welcome. Her denial was interpreted to her on several occasions in order to persuade her to be examined medically. When finally she consulted a gynecologist, he found a fibroid uterus and recommended hysterectomy, though he told her that, despite her anemia, there was no need to be concerned about malignancy.

The patient agreed to the operation and spoke freely of the procedure. Her attitude toward surgery was counterphobic, concealing her anxiety about the operation and what it represented. Although she had three children, she expressed regrets about not having a larger family. However, the prospect of not menstruating was anticipated with somewhat pleasant relief. Her sexual behavior was an adaptation rather than a sought-for



activity. She had no orgasm and was content that her husband felt gratified.

A simple vaginal hysterectomy was performed under inhalation anesthesia and her postoperative course was without complications. Several weeks after leaving the hospital she expressed her relief at not bleeding constantly and was satisfied with the surgical result. In speaking of the operation, she related spontaneously a dream she had while anesthetized during the hysterectomy. It was so 'pleasantly vivid' that she made an effort to remember it.

In the dream she was a little girl playing in a large green field of brightly colored and sweet-smelling flowers. She romped and played and was very happy. In the distance she thought a contented cow was lazing in the sun and grass.

She thought this dream an unusual one for someone undergoing surgery. Asked about the setting of the dream, she remembered vaguely a pastoral scene in her childhood. She had always liked bright colors, flowers, and perfume, although she had rarely had occasion to use them. She wondered if the smell referred to the anesthesia: 'It was sweet-smelling and not unpleasant'. After this comment she laughed and said that perhaps the dream allowed her to be in a place and time doing things actively which was more satisfying than lying on an operating table and having her womb removed. The somewhat euphoric tone to her account of the dream, her associations to it and to the whole operative procedure, illustrate her main defensive attempts at handling this very trying event. A depression which was masked by her defensive euphoric attitude emerged a few months postoperatively.

In this dream the manifest affect is that of satisfaction, play, and delight. The dream setting, her self-image, and activity in the dream seem to indicate regression in time, space, and activity. The only direct reference to the surgery was her associating the smell of the flowers with the anesthetic. She had often thought her mother was a 'contented cow' and, on many occa-

sions, had referred to her as 'Pet Milk', remembering from her youth that the label of this milk had a cow's head on it. She did not, however, make this association to the cow in the dream.

In the above two clinical instances, dreams reported during psychoanalysis and psychotherapy and dreamt during surgical operations seemed to indicate different modes of adaptation to a real, current, traumatic procedure. An exploratory investigation was undertaken. Dr. Muslin was not informed of the findings in the above two cases. His prime responsibility initially was the collaborative planning of the procedures for and actual collection of data. After the investigation was completed, the results obtained, and the conclusions drawn, he was informed of the above clinical material. This approach was intended to minimize, if possible, any bias in the results obtained.

### INVESTIGATIONS AND RESULTS

To study dreams with a definite traumatic precipitant, where sleep was artificially maintained, the authors used dreams of patients under anesthesia and subjected to various surgical procedures. The patients were admitted to the hospital for indicated surgery. In all instances the surgical procedure was elective and, in all but two, the patients were told that their conditions were nonmalignant. No psychiatric consultation had been requested before surgery. No complications were encountered in the anesthesia or surgical procedures.

The procedure followed with all patients consisted of an interview several days before surgery in order to establish a rapport as well as to obtain brief anamnestic information. Immediately after surgery and as soon as communication could be established Dr. Muslin went to the recovery room to interview the patient. The dreams were obtained at this time and special emphasis was placed on those that occurred during the surgical procedure. In some instances the patient was seen several days postoperatively in order to learn about the recovery phase and to gather any dreams he might have to tell. Before surgery no specific suggestions were made to the patients about dreams.



The authors wished to test the hypothesis that the adaptive ego would attempt to establish a state of equilibrium when the organism was under severe stress in a situation such as surgery. Dreams that occurred during the operative and immediate recovery period would presumably show indications of such ego adaptation. They also hoped that, by collecting and comparing dreams of adult patients, both male and female, undergoing elective surgery that involved meaningful body areas, results could be obtained that would allow them to formulate more precise hypotheses for future testing.

During the phase of data collection, Dr. Muslin was the only psychiatrist in contact with the patients. Since the patients had only a brief relationship with him, limited to one or two contacts before the operation, we cannot state the nature of the presurgical transference reactions. In general, a patient undergoing a surgical procedure welcomes the interest and attention of a member of the hospital staff and we assume there was a supportive aspect in the brief encounter. In all, thirty-eight patients were interviewed before and after surgery. Of these, eighteen reported dreams which they said occurred during the surgical procedure, which we defined as the period of anesthesia induction, surgical operation, and reawakening. The dreams reported cannot be localized in time; some may be from the period of actual surgery, others from the time the patient was awakening from the anesthesia. This assumption, however, is untested and in the future we shall test the effect on dream formation of anesthesia without the threat of surgery.

Since we knew the dream stimulus in general to be the threat to psychic and physical integrity posed by anesthesia and surgery, we felt justified in expecting that the manifest content of the dream would reveal the main defenses and the conflict, if this was not too threatening, and give indications of the level and type of object relations. It would contain, we thought, representations of the body-part image that were involved surgically; and if there were a series of dreams, these might indicate shifts in the adaptive capacities of the ego.

The dreams and associations of patients having similar pro-

cedures will be presented exactly as stated by the patients. A brief discussion of the authors' inferences will follow with references to the works of other investigators studying the particular areas in discussion.

*A. Dental Extractions:* The anesthetic used was sodium pentothal given intravenously. The operations were dental extractions, in all instances performed by male dentists.

1. Female, aged twenty-nine: 'I was playing an old game, 1-2-3-4 O'Leary. Oh! 1-2-3-4 O'Leary.'
2. Female, aged thirty: 'I was playing checkers with my first husband. He jumped one of my checkers and took it, but I took all the rest of the checkers. It was a happy scene.'
3. Female, aged thirty-four: 'I was a little girl and I was running and playing in the country. It was very peaceful and wonderful.'
4. Female, aged fifty-one: 'It seemed like I was back home in Georgia. I was a young girl about ten years old, and I was playing with my sister, Amelia. We were laughing and happy.'
5. Male, aged sixty-one: 'I was fighting and arguing with a guy. He was holding me down and taking something away.'

The discrepancy between the man's dream and those of the women is striking. In the dream he attempts active mastery; i.e., he fights and resists the forcible deprivation of a possession. At its core, this reflects presumably castration anxiety or other fears of bodily destruction. Manifestly, it refers to a struggle with the dentist over the extraction of teeth. The dream is strikingly similar to that of the male patient in the first section of this paper. The dreams of all four women emphasize the playing of games and resemble the dream of the woman noted earlier. This playing activity regressively referred to the past: the first patient repeats a childhood game; the third is a little girl running and playing in the country; the fourth is ten years old. In these three instances object and activity are temporally regressive. No reference is made to the actual dental



procedure; the game setting denies the reality of this event. The second patient regresses in time too; her first husband, she said, was a quiet man, with whom she always had her way. In the dream she outplays him and takes his checkers men after his 'attack'. Her victory shows an identification with the aggressor, the dentist, who 'gets hers', but the aggression is in play, in a happy game. In this instance there are elements similar to those in the man's dream, permitting the inference of masculine competitive conflicts. In general, however, the dreams of the women, contrasted with those of the men, show little open conflict.

Federn (2) reported a dream occurring during a dental extraction and noted in it both geographic and temporal displacements. The operation took place in New York, but Federn saw himself as a military commander and statesman in Europe who was 'putting one province after the other in order'. Federn's dream ends with 'life was a glorious fight'. There was fighting but no personal adversary, as in the dream of the fifth patient above. The identification with the aggressor, as noted for the second patient, is clear. The aggression is more discernible in Federn's dream and in the man's dream than in those of the women.

Lewis (12), in an excellent paper on the unconscious castrative significance of tooth extraction, besides his own findings, gives a thorough review of the pertinent literature. The castration fears in the male are displaced upwards to the teeth. Reviewing female responses to dental extraction, Lewis points out ideas of castration reaction as well as the fear of being raped during surgical procedure. In our patients, the man's response indicates castration anxiety, but only in the second female patient can one infer phallic castrative competition with the male dentist. This does not preclude the castration conflict in the women; it only emphasizes that the dreaming ego handled the anxiety more regressively and less overtly.

Editha Sterba (17) reported a three-year-old boy's reaction to tonsillectomy under anesthesia which illustrates very early castration anxiety in connection with a surgical procedure. The

patient reported postoperatively: 'I dreamed of a bad man who hit me on the cheeks so that my teeth fell out'. Later, he said: 'I dreamed that bad men did something to me. They wanted to cut off my nose and my pee-pee.' There was, therefore, a displacement from tonsils to teeth, nose, and penis. This case illustrates the ego's attempt to bind anxiety about the tonsillectomy without utilizing regression. The problem appears solved by submission to a mutilation of external or visible body parts rather than to the less easily perceived and perhaps mysterious internal tonsils.

Mittelman (13) had an analytic patient who underwent painful dental surgery under nitrous oxide anesthesia. Her dreams reflected her concern over the loss of her faculties of perception and mastery. Because of her current transference neurosis, the analyst as well as the dentist was involved in the dreams. In one she dreamt that the dentist was making love to her and she awoke laughing—an obvious denial of painful reality and substitution of a pleasanter physical relationship with a man, which illustrates the ego's adaptive activity. Later dreams not under anesthesia and interpreted on the analytic couch showed that the dental surgery activated unconscious fantasies of genital damage.

B. *Amputations*: Both patients were men and the amputations were performed under inhalation anesthesia because of damage due to accidents.

1. Male, aged thirty. One digit of his right hand was amputated. He reported his dream as: 'Oh boy, wow! Oh man, what a dream. I was in a hotel room with this beautiful blonde, and we were just going at it—intercourse—I had just got it in.' He associated to the blonde with 'real gorgeous—I don't recall anybody I ever knew like that. I didn't have anything in my mind like that. I don't know why I should dream that.'
2. Male, aged twenty-seven. Two digits of his left hand were amputated. His reported dream was: 'I was having intercourse with a girl I just met'. He associated to the dream by



saying, 'The girl, she had black hair and was well-built. I guess she kinda looked like my ex-wife. We've been divorced since December 1956. I came back to the States from overseas then and found her running around on me, so I kicked her out. We got married in 1952. That's life I guess. You know, after Korea, I used to dream quite a bit. All the dreams were about me getting bayoneted or shot.'

In both dreams sexual intercourse with an attractive woman is substituted for the traumatic reality. The sexual act replaces ideas of castration or body destruction. Both women were unknown which suggests a transference to the male surgeon. Instead of castration by a man, the dream portrays intercourse with an appealing woman. No ejaculation occurred in these dreams; the existence of the 'appendage' was more important than the actual orgasmic experience. There is no temporal regression in either dream; both patients function as adult males. The second patient, however, in his associations, points to an oedipal triangular conflict wherein he actively 'kicks out' his unfaithful ex-wife, an 'ex-object', and this regression is substantiated by additional spontaneous associations to earlier dreams. In these he was being bayoneted or shot, which reflected submission to an aggressive male, as in the actual surgical situation. This, however, is not present in the manifest dream text.

The action in the above two dreams is of the same order as the reassuring, overcompensating elements in the dream of the male patient whose testicle was removed, where the remaining testicle was viewed as a wrecking ball, a large, powerful object to be admired.

*C. Other Surgical Procedures in Males:* The following three male patients were operated on while under inhalation anesthesia.

1. Male, fifty-three years old. Repair of a diaphragmatic hernia. His dream: 'I was riding in a car with this guy. He was short, had gray hair, glasses, and stooped a little bit [an exact description of his surgeon]. He wanted the jacket I was wearing

and we fought. He lopped my head off and it rolled a little bit on the car seat. We got out and fought some more and I got my head back on. Then I got into another fight with some other guys about my jacket.' Associations: 'Sure was a funny dream. The only thing I can put my finger on is a fight I once got into when I was a kid out East, with some toughs—that's the last fight I ever got into. I was only eleven or twelve. That surgery wasn't tough at all. I was out of my head a lot, but when I got up and remembered this dream, I kept saying I've got to tell Dr. Muslin about it. You remember how nervous I was when the surgeon told me I had to have surgery. I kept thinking I might die.'

This dream portrays the operation again as a fight between the patient and his nearly realistically described surgeon. The jacket that was in dispute covered the anatomical zone of the operation. The decapitation and its undoing indicate the ego's successful attempt to keep fighting despite mutilation. The associations were to an adolescent period when the patient had to fight as in examination dreams; he managed to reassure himself by appealing to his survival after an earlier ordeal. To this patient, presurgical contact with Dr. Muslin was more meaningful than 'rapport establishment' since Dr. Muslin appears in the dream as a day residue. The emotional importance of understanding contacts with hospital personnel before surgery is well known. Apparently, they may serve as day residues that permit transferences from past reassuring figures to the current emergency. This patient denied conscious fear but his statement, 'I was out of my head a lot', may indicate fear of ego disintegration which contributed to the dream content, the loss of his head.

2. Male, twenty-four years old. Hemorrhoidectomy under anesthesia. The dream: 'There were two men fighting on a bridge. One of them was me. Suddenly the bridge collapsed and then everything seemed to go black. Then I said, "This is silly", and you were here.' Associations: 'The first thing that comes to mind is how frightened I am of heights. I



remember one time I was with my grandfather and we were in the apartment where he used to live and I looked out of the window and I was frightened. I didn't want to jump. You know it is funny that the operation went so well. I don't have any fears at all. I was frightened beforehand. When do you think I'll be able to urinate with this catheter? That's the only thing that's bothering me now. If I could only urinate I'd be O.K. Is it possible for me to have trouble for a long time?'

Actually he feared urinating even after he was discharged from the hospital. Reassurance by the medical personnel, however, helped him overcome this evidently functional inhibition. A fight is again the central scene of the manifest dream and the patient's anxiety reached such a pitch that the bridge collapsed and everything blacked out—the ego's temporary failure at the attempted anxiety-binding task. The statement 'this is silly' immediately precedes awakening in the recovery room and indicates a newer state of ego integration. The anxiety about urination and subsequent actual difficulty point to the displacement of anxiety from the hemorrhoidectomy to his urethral function. The regressive conflict is alluded to in his associations to boyhood and his grandfather's apartment. The striking failure of the dream to solve the problem confronting the ego is unique. If this patient's sleep had not been artificially maintained, he might have awakened when the bridge collapsed. The 'everything going black' seems to indicate a deeper regression to the very early dream screen of Lewin (11), an evidence of ego regression in the dream text itself.

3. Male, forty-four years old, married two and one half years. Circumcision for a congenital phimosis. He had resisted surgery, electing to bear the pain that was continuously present. His dream while anesthetized: 'My wife came to me as I was lying down and said, "C'mon, honey, let's go". She was dressed very beautifully. I tried to get up and go but I couldn't because my left leg wouldn't move.' Associations: 'I don't know why I should dream that. You see this thing

[pointing to his penis] has been giving me trouble and I figured I better have this taken care of. Had this leg broken in '54. I don't know if it'll hold me back from getting a job. It bothers me sometimes.'

A strong latent castration anxiety can be readily assumed in this patient who, all his life, suffered from a mild, though painful, impediment in the free use of his penis. His ego deals with castration anxiety by cathecting a sexual wish to be seduced by his wife. The painful real situation in which his penis finds itself and the mobilized castration fear force his ego to displace to his leg and to solve the conflict by yielding to it. The general passivity of his ego is indicated by the passive form in which the compensatory, reassuring sexual wish appears in the first place.

Nunberg (14), in *Problems of Bisexuality as Reflected in Circumcision*, described a patient who delayed surgery for some time and refused to sign the necessary operation permission forms. 'He maintained that, rendered unconscious by the anesthetic, he would have no control over the surgeon who might then cut more than necessary.' In the patient we describe, circumcision was also delayed for a long time even though it was indicated. In the dream, the castrative aspect of the procedure is clearly alluded to despite the displacement. In reality this patient could not use his freshly circumcised genital at the time of surgery, so that temporary incapacity was understandable. The anxiety about future malfunctioning, however, comes to light in the associations. The delaying of surgery by this patient and by Nunberg's resembles that seen in the patient described in the first section above.

D. *Hysterectomy*: In all but two of these patients the surgery was an elective procedure and there was no indication of malignancy. Unless indicated, the actual surgical procedure was that of a total abdominal hysterectomy under general inhalation anesthesia.

1. A twenty-two-year-old unmarried woman, with a six-year-old



son, who lived with her parents. The night before surgery she was very apprehensive about dying and wished to have her mother with her. The dream reported after surgery: 'I heard a voice saying, "That's what you get for keeping your big mouth open". Then I remember seeing a clear picture of someone with a huge mouth and big shiny teeth. I saw myself as a very small person, going into that big mouth.'

The patient associated to this dream only her fear before the operation and how much she wanted her mother there. In the past she had acted out a good deal sexually in defiance of her mother's strict disciplinary standards and methods. Her anxieties postoperatively dealt with being unable to please a man in future sexual relations. This dream conceives of the surgery as a punishment for defying her mother. Her representation of herself as a very small person going into a huge mouth with big teeth speaks for a regression to primitive oral sadistic anxiety, but it may also indicate regression to an early ego state where mother was correspondingly large. The wish to be with mother as her little girl also avoids anxiety about her procreative apparatus. Her anxiety about future sexual intercourse is the only allusion to the surgical procedure.

2. A twenty-seven-year-old married woman who had two children, aged three and one-and-a-half years. Her mother died of carcinoma of the uterus when the patient was three years old and she went to live with her grandmother. When the patient was seven, her grandmother, while running after the patient, was hit by a truck and killed. Thereafter, she lived with her father. The father never married because of the patient's horror of a stepmother. The patient married her three-year younger husband when she was eighteen. Her father died when she was twenty-three and this upset her greatly. She became pregnant immediately after his death. The replacement of the lost object as a motivation for this pregnancy seemed quite clear. The anniversary aspect of the patient's association of her uterine difficulties when her child is three with mother's death of carcinoma when she was three was

suggested though not consciously verbalized by the patient. This patient had four brief dreams that she reported. 1. 'I was sick and couldn't get awake. I then tried to get up and help other people around me.' 2. 'I wanted to urinate but they wouldn't let me urinate. I wish they'd open me up and let me urinate.' 3. 'I was in labor. I was bearing down. It was a good feeling. I was going to get my baby. I felt good having a baby.' When asked about this dream she stated: 'I was an only child and want to give my babies everything. I'm glad to have a hysterectomy—not that I don't want kids. Maybe I didn't want to have an operation and want to continue having kids. But then my husband and I talked and he said definitely I should have the operation and not have any more kids. We've had enough. My mother died when I was three.' 4. 'I was home with my babies. They were vague and far off. I wanted to be with them. They were calling and I couldn't get through. I was floating off into space.' 'The operation was over so sudden', was her only association.

When the dreams are dealt with directly, the ego's role in attempting a state of balance is quite vividly demonstrated. In the first dream, the ego tries to rouse her but is unable to do so. Instead mastery is accomplished by denying her immobilized state and the intent is to help others around her. In the second dream, anxiety about her realistic immobilized state is evident but refers to the wish to urinate. The surgery is alluded to in her statement about opening her up. In the third dream there is clear awareness that something inside her is being removed. However, instead of recognizing that it is the uterus, she changes the situation into one of childbirth. Thus she denies the essential meaning of the hysterectomy and substitutes a life-bearing event which can no longer take place. Her associations indicate ambivalence about her surgical sterility, and they betray her deeper anxiety about dying of uterine malignancy, related to identification with her mother in the anniversary recapitulations. In the last dream, shortly before awakening, she has left the operating room to be with her children. In all dreams, she was adult and attempting to master, control, and aid others.



Dynamically, the feelings about her mother, grandmother, and father indicate a deeper and more serious problem. Defensively, however, these do not emerge in the manifest dreams. The ego protectively keeps the deeper anxiety from emerging while it successfully deals with the trauma of the real events.

3. A thirty-four-year-old childless married patient, who was very apprehensive during anesthesia induction and who consciously thought she was going to die, dreamt: 'I was being suffocated and someone was killing me'. Her associations referred to the anesthesia mask and her difficulty in breathing. The overt anxiety was connected only with the fear of suffocation. There were no objects in this dream and the anxiety seems to refer to a primitive separation reaction.
4. A forty-three-year-old childless married patient dreamt, 'My mother was standing alongside of me very clearly'. Associations: 'Mother is always around whenever I need her. She's always around when I need her.' There is no manifest anxiety in this dream such as was found in the third hysterectomy patient's dream. Regression to the more secure maternal protective relationship effectively binds the surgical anxiety and permits a denial of any surgical or mutilation anxieties.
5. A forty-three-year-old childless widow, whose mother died when the patient was six years old and whose older sister was a mother surrogate, dreamt: 'I was with my sister. There were a lot of people around—a lot of confusion. My sister was looking after me.' Her associations to the dream were: 'I don't know what the dream means. My sister is the next one older than me. We have a family of thirteen. She is my best friend. I was scared before surgery.'

This patient had a vaginal hysterectomy. Her dream is very similar to that of the fourth hysterectomy patient. The patient entrusts the role of protector to her sister, a realistically closer mother surrogate. The dream reveals the anxiety present in the references to the confusion, but the security of having sister 'looking after' her successfully handles her tension.

6. A twenty-eight-year-old married mother of five children de-

sired a tubal ligation to avoid future pregnancies. For various medical reasons, a total abdominal hysterectomy was recommended instead, and the patient accepted this decision. Prior to surgery she could not 'wait to get it out'. However, in anxiety shortly before the operation, she expressed great concern about the anesthetic. 'I'm scared about the gas like it's going to be a gas chamber and I'll die.' Her surgical dream was: 'I was standing somewhere on a beach or an island, and there was a lot of water with tall waves surrounding me on all sides, and suddenly I saw a boat in the middle of the lake or ocean. It was a small row boat, and my husband was sitting in there with the oars alongside and looking at me and grinning. I became very frightened but there didn't seem to be any way out.'

In associations, the patient recalled a childhood experience when she was ten or eleven years old. She wished to bathe herself and to stand up in the bathtub to wash herself, but her stepmother vigorously pushed her down into the tub and water. This frightened her a great deal—she did not know why—but she felt as if things were closing in on her. She contrasted this treatment to her father's 'tender loving care'. He would never force her to sit down in the water and would let her wash herself in any position she desired, and he would remain to watch her.

The very traumatic background in this patient's life is related to the anesthesia dream in which the ego fails to bind her anxiety. One may assume considerable œdipal guilt about the thoroughly repressed erotic relationship with her father, illustrated by the (screen?) memory of her cruel stepmother pushing her down into the bath water (to prevent her from exhibiting herself as she was used to doing to father?) and causing her to become phobic about drowning. The situation on the operating table apparently revived the memory of the exhibitionistic seduction of father with resultant guilt and fear of punishment. Repressed œdipal wishes emerge in the dream as a defense against her current anxiety in the surgical situation. In this in-



stance, the day residue ineffectively assists in the camouflage of deeper conflicts.

7. A thirty-year-old married patient with two children had had two cervical conizations for malignancy and, at the time of the hysterectomy, cells were found which indicated more drastic procedures. Prior to surgery she expressed anxiety about losing her uterus as this symbolized femininity to her. Her surgical dream was: 'My husband and I were riding in an airplane coming from Japan. The doctor said that we could do anything we wanted to. We were happy and excited.' In her associations she said: 'That's funny that I should dream that. You see we were in Japan in '55 when the doctors told me that I had early cancer of the womb and I should definitely not have any more children, but I became pregnant and they were all upset. I was pregnant already when we came back from Japan to the States.'

Without considering the patient's response to the malignancy per se, we can see that she denies her serious illness and her lack of a uterus. She dreams and directly associates to being pregnant. The same mechanism was seen in the second hysterectomy patient. The trauma for this patient is not only the removal of her uterus, but also the undoubtedly advancing malignancy. Avoidance and reversal into the opposite effectively handle both of these anxieties.

8. A thirty-seven-year-old married mother of seven children had a vaginal hysterectomy performed for an early localized cervical malignancy. She received a general inhalation anesthetic and dreamt: 'I saw my husband in his workclothes, very happy, and all my children were looking at me. I was getting up to prepare breakfast and I was very happy about this. They were all watching me.' Her associations to this dream were: 'Just before going to surgery I became very frightened. I thought about my last baby who died last December. It hurt a lot. The baby was dead inside of me and they had to induce labor and it hurt a lot. I wondered what this was going to be like. Also, I worried about cancer. One

of the doctors told me I had early cancer of the womb. I saw every one of the kids and my husband clearly in the dream.'

Here again the predominant dream affect is happiness. Instead of a surgical team, her husband and children are observing her. A further denial through active mastery—she is happily getting up to prepare breakfast and care for her family, instead of returning to the recovery room where she will be cared for. Only in her associations does she mention her malignancy. The connection of dead baby and carcinoma represents a displacement of anxiety onto the infant; it is dead and it is not her life that is threatened. These techniques effect an equilibrium in the face of the double traumatic confrontations.

In this series of dreams of women undergoing hysterectomy, as well as in the pilot case cited earlier, several varieties of response appear in the dream constructions. In contrast to the dreams of the male patients, no fighting with the surgeon occurs in them, and there is no overt mutilation material. The regressive return to an earlier ego state with a maternal figure as protector characterized several cases. Various denials were also described and in two instances of known malignancy, this was also dealt with syntonically. Unlike the dreams of dental extraction, dreams in these more serious surgical procedures showed no games. In several instances the surgical procedures served to stimulate and evoke previous guilt and punishment anxieties, which emerged overtly in the dreams or in the associations.

### DISCUSSION

The adaptational nature of the dream was discussed in great detail by Freud in *The Interpretation of Dreams* (7). Recent revived interest in dream formation and the dream work has given rise to many interesting experimental investigations. In the present investigation we have attempted in a limited way to study certain aspects of the dreaming ego's work by utilizing a semiexperimental approach. Various surgical procedures of



specific anatomically and emotionally significant areas were chosen as part of the investigation. Though the limitations of this type of research design are evident, the results appear of sufficient interest to warrant further studies.

In *The Interpretation of Dreams* (7) and in *The Ego and the Id* (6), Freud commented on the question of problem solving in dreams, which French later emphasized in his books on *The Integration of Behavior* (3). Freud's thesis is that the conflict which results in a dream gives rise to the creative aspect of the fantasy as well as the censoring role. The conflict presents a problem for the dream work to solve. This dream work is part of the ego's attempt to maintain a steady state of balance and avoid being overwhelmed by stimuli. Normally, when the ego cannot solve a conflict by means of a dream, the sleeper awakes. With sleep artificially induced and maintained there is, in addition, a total strain on the organism's homeostatic equilibrium. This occurs during a surgical procedure and the type of dream that is produced illustrates the adaptational techniques employed by the ego. One may ask if the 'energy' that ordinarily enters into the sleep preservative functions of the natural dream becomes available for 'adaptational maneuvers' in a dream where the sleep is artificially induced and maintained. In such pharmacological sleep, the dreamer loses his ability for self-controlled arousal from sleep and part of the adaptation may concern itself with this loss. This may be a significant theoretical consideration in our further understanding of drug-induced dreams. In two of the dreams cited the ego could not solve the conflict presented to it. In the male hemorrhoidectomy patient the dream went 'black' after the bridge collapsed and the next thing he recalled was waking up. The analytic patient cited in the first part of this paper also awakened during the procedure and the dream at the moment of awakening reflected his intense fear and anxiety over the struggle manifest in the dream. That the anesthesia lightened might explain its occurrence but not the specific detail and content which, as was later confirmed in analysis, depended on psychic determinants. The tension, man-

ifested in the dream, conceivably might be responsible for the awakening. With an attempt to awaken more anesthesia might be needed and, if the amount of inhalant administered remained the same, actual awakening might occur. The second hysterectomy patient dreamt that she was sick and could not awaken, whereupon she went on to dream of trying to get up and help other people around her. In this example, the ego attempted a dream solution by utilizing the device that Freud, French, and Kardiner and Spiegel have designated as active mastery (7, 3, 9).

Victor Rosen (16) comments on the change from passive receptivity to active mastery in postoperative patients and points out that the parental figure plays an important role in the development of the mechanism of denial and the capacity for mastery. The reassurance of a parental figure originally encourages the immature ego to master various presenting challenges, after which the mastery and denial mechanisms are internalized and become part of adult ego operations. When patients dream of reassuring figures of the past, they may be referring to an ego organization level where the 'it won't hurt' and 'everything will be all right' come from their original sources. Without clarification it may not be completely accurate to speak of the mechanism of denial in these patients. Actually the threatening situation is reformulated so that the intensity of the danger is diminished, which permits the ego to handle it integratively. Elements of avoidance, ignoring, and withdrawal combine with the technique of active mastery to cope with the situation.

Anna Freud, in *The Ego and the Mechanisms of Defense* (4), describes the results achieved by the various ego defensive operations and their relationship to anxiety. One section of her monumental monograph specifically describes denial in fantasy, word, and act. To this one obviously can add denial in the dream. In the present study, where the real threat is known, this technique is clearly seen. The denial may be a temporal-spatial denial (return to a previous time or place), an object denial (for example, identification with the aggressor, early object relationship), a conflict denial, or an activity denial.



The active mastery of reality was already noted by Freud in *Beyond the Pleasure Principle* (5) where he discussed the child's active mastery of anxiety through the turning of an unpleasant experience into a game. This playing of games allows the child not only to control the situation actively, but also to discharge the energy in a more ego-acceptable fashion. In the patients of this study, because of the real surgical situation, the mental apparatus cannot avoid being flooded with large amounts of stimulation and excitation. The mastery and binding of this tension is handled by the ego in various ways. The dream is an indicator of these types of ego activity.

Pfister (15), studying shock fantasies that occurred in persons in extreme danger of death, while mountain climbing or in battle, for example, interpreted them by Freud's concept of the protective barrier against stimuli. The fantasies were wishful thoughts which displaced reality at the moment of extreme danger of death. In Pfister's study the fantasies solved all life conflicts making them smooth and pleasant. In our observations the dreams do more than protect sleep as Freud has postulated for the usual dream. The dreams in these surgical patients represent a total attempt at maintaining homeostasis at a time when threats are actualities. The dream under anesthesia seemingly has the same mechanism that is found in the dreams presented by Freud, but when tensions cannot be integrated, there is no possibility of awakening.

Unlike dreams in traumatic neuroses, the dreams of our patients did not deal with the traumatic event that actually occurred and in no instance did they allude more than symbolically to the surgical procedure. In *Beyond the Pleasure Principle* Freud commented that a gross physical injury, simultaneous with a psychic trauma, diminishes the chances for the development of a neurosis. The 'mechanical violence of the trauma' of simultaneous physical injury calls for a narcissistic hypercathexis of the injured organ and binds the excess of excitation without a traumatic neurosis. In these patients the dreams differed from those in the traumatic neuroses. Instead, they showed regressive return to earlier ego states, displacement, reversal, symboliza-

tion, and other common ego defense mechanisms. In several instances overt anxiety was manifestly present although even here the anxiety seemed to be displaced onto the anesthetic phase of the surgical procedure.

Deutsch in her paper, *Some Psychoanalytic Observations in Surgery* (1), noted that the surgical procedure has two separate aspects which are reacted to in different ways: 1, the anesthesia, and 2, the actual surgical operation. She further differentiates two types of anxiety. The first she refers to as narcosis anxiety, which represents death unconsciously and separation from the world, and which reflects an early fear of separation from the mother. Her second category refers to castration anxiety—the actual threat to the organ by the surgical procedure. These findings are confirmed by the present study. The anesthesia anxiety is more overt, appearing directly in the anesthesia dreams. The castration anxiety appears in the dreams of male patients. However, the ego attempts, through various stabilizing devices, to bind this anxiety and the dreams often show the defenses. Deutsch also comments that surgical procedures frequently reactivate old problems of relationships with mother which lead to reactions and fantasies of aggression, guilt, and masochism. This was not uniformly present in the dreams of the women studied by us. As noted, the mother figure frequently served as an auxiliary reassuring ego standing by supportively, and this maternal relationship represented a regressive solution to the problem confronting the patient. None of our male patients showed this type of maternal dream.

With elective surgical procedures there is usually time for psychological preparation for the operation. Pleasant and hopeful fantasies may be added to offset the frightening ones. Thus anesthetist and surgeon, by their reassurances, facilitate the re-enactment of old 'mothering-going-to-sleep' experiences (10). The psychiatrist talking to the patient preoperatively also can help. Dreams containing this element may be related to this phenomenon and may reflect the actual external or psychological preparation for the trauma. The obvious sex distribution of such dreams, however, cannot be explained solely on the basis



of the experience immediately prior to surgery. Obviously, when the patient senses anxiety in the operating room personnel, this may re-enforce his concern and be reflected in the resultant dreams. No such external situations were encountered in our series of patients, as the anesthesia and surgery were uncomplicated.

Castration anxiety was not manifest in any of our women patients although in the second 'dental-extraction patient' this seemed significant. The absence of castration anxiety material in the women raises the issue: is this evidence against castration anxiety or for something else present in women? Only two hysterectomy patients had dreams and associations directly referable to childbearing. The second hysterectomy patient dreamed of actual sensations of labor while her uterus was being removed. This was apparently a wish for the removal of a child rather than of a uterus. As Deutsch also noted, fighting and castration anxiety were present frequently in the dreams of the male patients. However, in the two finger-amputation dreams there was no fighting but instead reassurance against castration with manifest dreams of sexual intercourse. In the dream that occurred during circumcision there also was no fighting, rather a resigned acceptance of the damaged appendage and a hope that its future functioning would not be impaired. Fighting and castration material appeared in the nongenital and nonamputative situations except in the case where the patient actually was unilaterally castrated. Our number of cases is not large and this may be an artifact, but when an actual 'castrative' procedure occurs that involves the penis or a close facsimile, the dream usually appears not to deal directly with fighting and castration.

The dream associations of two patients who had hysterectomies for known malignancies referred directly to the possibility of death, but anxiety was denied completely by one of the patients and was referred to positively by the other who dreamt of being pregnant and having a live child despite her physicians' cautions.

Federn (2) points out in his report that the ego has no sleep

protecting function during anesthesia and that the dreams frequently are simple wish fulfilments. The nature of the wish, however, is the important consideration. It is our thesis that the dream is the indicator of adaptation. In this way the 'wish' may be for equilibrium.

Weiss (18) has reported a dream of a woman, under anesthesia and undergoing an abortion, which occurred five years before starting analysis. The patient's evident great discomfort came out in certain of the dream contents. Reporting several other dreams of patients while undergoing surgical procedures, Weiss notes as a common element the feeling of flying or circling in space, a depiction of loss of consciousness. He concludes that dreaming under anesthesia does not have the function of perpetuating sleep but that it 'reveals the efforts to master unbearable dynamic conditions, whether it succeeds or fails in doing so'. We agree with this, though we emphasize that it is not contradictory of the classic idea of the sleep protective dream function. In sleep external reality can be avoided. Sleep itself can represent the defensive ego operation of ignoring existing traumas and threats.

Janis (8), studying preoperative and postoperative dreams, concludes that 'exposure to any signs of potential mutilation or annihilation will tend to reactivate the seemingly outgrown patterns of emotional response which had originally been elicited and re-enforced during the stress episodes of early childhood'. This hypothesis is verified by our data. Our prime focus, however, was on the stabilizing and coping aspects of the ego during the actual stress procedure and as indicators we used the dreams produced at that particular time. 'Fight or flight' was, in reality, impossible then but 'fight or flight' was possible and occurred in the dream state. Flight, when it occurred, took place in time or space and was a flight to object relationships that previously were reassuring. Fight also was quite clear in the dreams.

The surgical procedures studied in this research involved the mouth, teeth, anus, penis, uterus, fingers, and thoracic areas.



Despite the significance of these anatomical zones in psychosexual development, there was a noteworthy absence of manifest regressive material referable to these specific areas. One must consider the possibility that surgical intervention is of such traumatic magnitude that the response is to stress, rather than to the erotogenic zone directly affected.

The studies reported here are preliminary and some conclusions are assumed, rather than verified, constructs. Nevertheless, the methodology may be useful in other investigations of this topical area and some resulting hypotheses deserve further testing. Dreams during anesthesia, of course, cannot be equated with the dreams of natural sleep and their differences need further study. Furthermore, interpretation from the manifest content of dreams with few associations and from patients not in psychotherapy or psychoanalysis is methodologically hazardous. The exact time the dreams were dreamt is unknown, although, in several instances, it could be assumed that they occurred simultaneously with the surgical procedure; others apparently occurred while the patient was awakening from the anesthetic. The data, we believe, demonstrate the defensive function of dreaming. In surgical dreams the ego attempts to integrate emerging tensions syntonically through various techniques. If it does not succeed the dream either disappears or continues substituting a less frightening conflict for the real situation. Our experimental population does not permit pinpointing why a particular patient dreamt a particular dream with particular manifest content. Many unsolved questions have been raised. However, this comparative study, utilizing such broad variables as the patient's sex, the particular organic disease, and the surgical procedure is significant and allows for the formulation of more specific hypotheses that may be tested in the future.

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## DREAMING FOR A DREAM COURSE

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Psychoanalytic education has been the focus of considerable renewed study in recent years. This is reflected in the prominence given the subject at the Fiftieth Anniversary Meeting of the American Psychoanalytic Association in May 1961, and in two major investigations: the Rainbow Commission and the Survey of Psychoanalytic Education. The latter culminated in Lewin and Ross's book, *Psychoanalytic Education in the United States* (24), which, of necessity, presents a macroscopic view of psychoanalytic education. This paper, a more microscopic study, deals with a single aspect of the education of a particular group of candidates in one institute, the Western New England Institute for Psychoanalysis. The group was a second-year class of seven members; the 'single aspect' is a detailed picture of the course, entitled *Theory and Technique of Dream Interpretation*.

The course was held in the fall of 1956. At the beginning it was announced that the last three sessions would be devoted to dream examples from the members of the seminar; each dream was to be that of a patient or of the student himself, not too long, interesting, clear, and with some associations. Each was to be presented in writing to the instructor and students, before the time of presentation, in its manifest form and with a brief case history or account of the background of the dreamer.

At the early meetings the first six chapters of Freud's *The Interpretation of Dreams* (9, 10) was reviewed. At the third meeting of the course the instructor, Robert P. Knight, presented a dream of his own, dreamed the previous night after an evening spent preparing for the course. The presentation was completely unplanned, and the class was stimulated by this frank approach to teaching. Whereas each of the members had

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been searching for a suitable dream from a patient, most of them now decided to present their own dreams. The content of these dreams was affected by Dr. Knight's action; his dream and his discussion of it must therefore first be described.<sup>1</sup>

### INSTRUCTOR'S DREAM

I am taking an exam of unknown content. I know I am not prepared, and find myself in a different position from usual. I am startled by the questions. Time is passing. I am told there is not much time and hurry to another exam, and write at the top, *NOT COMPLETED*.

Second examination could be botany, more likely zoology. There is a typed paper in outline form (exam form). It's an exam for which there is no preparation. I am supposed to know this, yet it is all strange. The thing I am being quizzed on is *ENEMICUM* (question of S instead of M) *MARCORIDAE* (question of N instead of D)—a hairy animal. Ed H. has to do with the preparation of the exam. I start to work on it, and the dream fades out.

The instructor encouraged the class to associate to some of the elements of his dream, much as they might begin to do on hearing a patient relate a dream. Many of these associations coincided with his own. He had spent much time analyzing the dream and shared his results with the group. (Personal associations not referring to the course were omitted.)

The word *enemicum* proved to be a condensation of issues with which the instructor was preoccupied. The first association was to enemy and then to the neurology examination of the American Board some years earlier, where a man with the same last name as Ed H. made it very uncomfortable for the dreamer: Dr. H. is the enemy whereas Ed H. is friendly. A key association to the dream was 'meeting a test' (question of adequacy),

<sup>1</sup> I am indebted to Dr. Knight and the members of the class for their willingness to permit this personal material to be published. Minor changes in names and facts, not important in the understanding of the dreams, have been made for the sake of anonymity.



which led him to a doubt of his capability in analyzing dreams. The association to *hairy* led from Harry Truman, who had recently received a degree at Oxford, to Erik Erikson, who originally was to teach this course, to 'he can teach the course best'. *Hairy* led to Erikson in another way: at that time he had just grown a beard.

*Dae* led to 'die'; *Marc* was the name of a friend of the instructor; *marc* or *idae* could mean, 'I make a good mark or I cannot stand it'. To make a mark on paper brought the association of an artist; Erikson had talent in both art and dreams; in his paper, *The Dream Specimen of Psychoanalysis* (4), Erikson out-Freuded Freud, and now the instructor had produced and was going to use his own dream to teach the course.

It was a typical examination dream: although he does not do well, the dreamer has already taken the examination and therefore does not have to worry. The dream stimulus was: 'Am I really adequate?'. The wish was to outdo Erikson and Freud, and to produce an original dream better than Freud's Irma dream, the subject of Erikson's exhaustive paper.

The course then proceeded to a study of papers on the dream by Freud (11, 12, 13), Isakower (17, 18, 19), and Lewin (20, 21, 22, 23), and of Erikson's paper (4).

### STUDY PLAN AND BACKGROUND

The intent of the instructor was to use the individual dreams to illustrate the various mechanisms of the dream work and to show how to interpret the latent dream from the day residues and other associations. Here the purpose is to examine a problem that lies between group and individual psychology—to ascertain how much the dreams merely expressed individual dynamics and to what extent they revealed the influence of the group situation of students in a psychoanalytic institute. This also afforded the opportunity to analyze dreams in the more encompassing way recommended by Erikson (4).

The unusual circumstances under which these dreams were dreamed and selected is an interesting point for study and

represents, in a sense, an 'experiment-in-nature' (15). The seven candidates, who had many similarities, were exposed to a common suggestion: to bring a dream to the course. This 'group stimulus' or 'group day residue' could be expanded to include Freud's Irma dream and his treatment of it in *The Interpretation of Dreams* (9, 10), Erikson's handling of it in his paper (4), and the instructor's presentation of his own dream. The incorporation of these into the manifest and latent dream and the identifications which emerged will be worthy of note. The influence of dreams first presented upon the dreams later presented seemed minimal.

The institute class was unusually homogeneous. It was the second group selected by this new institute. All seven members were psychiatrists, of similar age and professional background, and had either completed or were in the advanced stages of their training analyses. They had been through the first year together and, in general, were good friends (cf., 24, p. 326). They had a common goal: to become practicing psychoanalysts. Each had been given permission to start supervised analysis of a patient. Some had started, and others were looking for a control case for treatment under supervision. (In this institute it is the candidate's responsibility to find a suitable patient as the institute itself has relatively few to refer [24, p. 385].) The students met often for breakfast and lunch or to drive the sometimes considerable distance to classes.

The complete manifest dreams follow in the order in which they were taken up in the seminar. Two of the six dreams dreamed for the seminar<sup>2</sup> are examined more thoroughly for these reasons: they showed, respectively, the most and least manifestly related to the different items being studied, and more extensive background and associations of these two members were available. Except for a little additional data later ob-

<sup>2</sup> The dream of the seventh member is omitted, although it was presented for the course. This dream of student D had occurred one and a half years before the course and before he had read *The Interpretation of Dreams* and Erikson's *The Dream Specimen of Psychoanalysis*. While it might have served as a control to compare with the other six dreams, D preferred that it be excluded.



tained from A and B, all of the dream material was presented at the seminar.

### A'S DREAM

On November 16th, A presented this dream dreamed on October 24th.

A greeting card is being delivered to me. My impression is that it is a get-well card and I think of Ellis, to whom I recently sent a humorous get-well card, and I wonder whether this is a reciprocal kind of joke on his part; but the card is signed down below by E. (or C.) Sacks. The verse on the card is a *boring* one, and has a vague 'love' theme.

The scene then shifts to one in which I am with Freddie. He looks much older than I remember him, something like Uncle George. A threatening atmosphere persists as he threatens in a rather sadistic way to stamp on my toes. However, I am quick to remove my foot and retaliate by stamping on his toes. Immediately thereafter I am looking into Freddie's gaping, wide-open mouth, and observe that many of his teeth are strangely located further back in his mouth, under his tongue, uprooted, and in a state of decay. Referring to the foot-stamping battle, he says with an attitude of ruefulness that he used to be much better when he was younger. The dream closes as I am telling him how I changed myself for the better, giving as an example of this my having undertaken to file down my central incisor teeth.

A's dream is amazingly like Freud's Irma dream, paralleling it in the dreamer's background and current situation, and in the manifest and latent dream material. A's identification with Freud, Freud's dream, and Erikson, who analyzed the Irma dream in great detail, is striking.

*Background and current situation.* A was a thirty-five-year-old Jewish doctor, a specialist in psychiatry, living in a predominantly Protestant community. His wife had recently been delivered of their third child. A, himself, was the oldest of three; his two younger siblings were girls. After an inner struggle, A

had decided against a full-time academic career and to fortify his income had just opened an office for part-time private practice. He was concerned about securing and holding patients, and was looking for a control. His recent professional decisions promised better pecuniary return but left him isolated. A was *primus* in several ways: his was the first candidate's dream presented to the seminar, and thus the first offered to public scrutiny, and he had been the pioneer in traveling some distance for didactic analysis and supervision. This was the first time he had subjected a dream to such 'exhaustive analysis'.

*Day residues.* The baby awakened A and his wife at 7 A.M. and his wife went to care for her. The dream occurred between this time and 7:30 A.M., when A arose.

Besides the group wish to produce a 'good' dream for the seminar, A had had the particular thought that he would like to have a dream that would be good for teaching without revealing too much; his individual reaction to the instructor's use of his own dream was 'admiration plus a certain edginess about the big guy revealing himself'. The 'dream day' evening had been devoted to an intensive study of Erikson's paper (4); therefore it was a fresher day residue for A's dream than for any of the other dreams reported.

Associated with the dream was a vague sense of apprehension and hypochondriasis of several days' duration, centering around moderate constipation and paresthesia of the left hand. These corresponded in time to the second anniversary of his father-in-law's death, which resulted from a medical accident while he was being studied for obscure neurological symptoms. That the numbness might represent a somatized self-punitive identification with the deceased man is supported by other facts, typical of which were A's sense of personal obligation and intense though unwarranted guilt associated with this death; he was torn between being a relative and a physician. Also related was the occurrence of three accidents to himself within two months of the death, two of which could be attributed to his state of mind at the time. Here the questions of concern for the health



of self and others, and professional conscientiousness made the first of several appearances. The numbness could be related to death, a theme which pervades part of the latent dream. A was mildly preoccupied with feeling older (cf., 24, p. 73).

In connection with the opening of a private office, A had received from his father a large check as a gift, accompanied by a greeting card. On the 'dream day' evening A replied to his parents in a humorous way by sending them a thank-you note on a Hebrew New Year card. Much ambivalence was associated with the receipt of this present. It had meant stepping on the father for A to become a doctor and analyst, and opening his 'own business' was a final blow. The amount of the check was disproportionate to the father's means so that the overcompensatory aspect of it helped inflame the negative part of the ambivalence. This, in turn, resulted in guilt feelings which were intensified by his having been overly brusque in a telephone conversation with his father the same day.

At supper there had been no fresh food in the house, so the family had had buckwheat cakes and a rasher of bacon, the final long step in a change from A's original cultural background. Later in the evening A and his wife had a midnight snack of pizza pie at Freddie's, a place about which A had heard earlier in the day from an adolescent homosexual patient. This had released nostalgia for the city where they had lived for some years and where pizza was superb.

There had been a telephone call that night from Dr. H. Sacks, a colleague, and it led to at least three important associations: he had a son, Erik; he was coming down from Vermont, A's birthplace; and his father was a rabbi, a connection with a crucial transference figure—a young Orthodox rabbi who had played a key substitute paternal role in A's childhood, was a model of integrity, and had a son of the same name and age as A.

*Additional associations.* The dream personae suggested the following: 'Ellis' was identified as a former professional compeer, recently hospitalized for hepatitis, attributed to dietary indiscretion on a trip to Mexico. 'Freddie' is a cousin, three years

older, with whom A spent several childhood years and by whom A was exposed to daily sadistic taunting during preadolescence. In later years, when A was in medical school, Freddie confided that he was impotent and was receiving hormonal treatment. He married a non-Jewish girl and became a mailman. The threatening atmosphere in the dream was associated with the way Freddie always treated A; Freddie had been both his closest family companion and the bane of his existence.

In sharp contrast were the associations to Freddie's older brother, Milton, always thought of as an ideal, who was now a successful general practitioner; Milton had surmounted several difficulties in his life and came closest to the 'kindly older brother' for whom A searched. 'Uncle George' had died a week earlier of stomach cancer; A had displaced this downward as bowel cancer in a verbal slip. This uncle was a renegade, a free thinker, and the only family member to break sharply with Kosher tradition.

'E' brought to mind Erikson and the S(E)INE dream (4, pp. 18-19). A dream detail added later—'the greeting card was fancy or embellished at the top where there was also a C or an E'—suggested that the message, 'Get well', might have come from Professor Erikson who was many miles away; the distance had resulted in an interruption of A's analysis and a different instructor for the dream seminar. These associations led readily to the transfer onto Erikson of the figure of the paternal rabbi who had been so important in A's childhood. Other associations made it clear that CE was a cryptographic expression of the wish to see Erikson. A related verbal chain led in another way to the S(E)INE dream: C = 'see' = '*sehen*' (German 'to see') = '*zehn*' (Yiddish phonetic pronunciation) = 'S (E)INE'.

Other associations to the greeting card included the feeling that A was a bigger success than he knew and brought to mind the convalescent cards he had received when he had a leg fracture after a fall some time before.

A few weeks prior to the dream, A's two older children had stamped on his toes. Looking into Freddie's gaping mouth was



a vivid part of the dream—it was the part which was spotlighted. The associations 'push your teeth in' and 'like a patient-doctor relationship' came to mind. The example in the final sentence of the dream was real: in his youth A had had his front incisor teeth filed down. The feeling tone as the dream closed was one of cockiness.

*Configurational analysis of manifest dream. Verbal:* The general linguistic quality of this dream is similar to the Irma dream, as well as to the instructor's dream. The indefinite E or C (used twice) is like S(E)INE, as well as the instructor's dream. The use of spoken words and dialogue is comparable; that is, 'the patients' in each—Irma and Freddie—say they used to be better than they are now, and both dreamers imply that *they* are all right. Added meanings are suggested by the various plays on words: get well can be a prosaic message to someone with numbness and constipation, or it can be a sharp command to an analysand, who is momentarily regressed and down at the mouth, from a far-away analyst. Sacks, already overdetermined, means containers as well as being a proper name. *Sensory:* Except for a momentary listening this dreamer, like Freud, is 'all eyes', and both Freud and A shift from a general visual to an intent, close-up looking. This can be related to the double use and meaning of C. Furthermore, combining three configurations (*interpersonal, sensory, and temporal*) we find that A and Freud both belittle would-be attackers by having them look different (Irma, Dr. M, and Freddie—the latter looks much older and like Uncle George). *Somatic:* Besides offering an acute stimulus for dreaming, somatic references are prominent; the mouth and feet are clearly the center of focus.

Combining the *interpersonal, affective, and spatial*, we find several items. Both dreams open with the dreamer receiving: Freud receiving guests, and A, a greeting card; the affect in each would seem to be festive or at least pleasant. A was expecting a greeting from the Draft Board—a card which would remove him from the seminar—whereas this dream was his ticket to get in. A's dream, like Freud's, contains many affects. Also the activities

and spatial configurations of the dreamer are very much like those of Freud: the festive receiving gives way to the receiving of an attack (Irma, Freddie); both dreamers deal with this by an intrusive, coercive kind of examination and investigation (4, p. 30). The intent viewing of the oral cavity is the most striking of all the similarities; each assumes the role of a medical investigator; there are four instances of looking or observing (five in the Irma dream [4, pp. 28-29]) and each has two references to thinking. The difference is that A observes alone while Freud momentarily joins. Both dreams end on a high note as the dreamers best the belittlers.

*Trends in the dream and conclusion.* The variety of stimuli and associations to A's dream makes it difficult to distinguish its 'group stimulus' from its strictly personal themes. However, the main conflict is between activity and passivity. The dream-wish part of the conflict is the desire to be 'top dog', to overcome all belittlers (old ones such as Freddie and father, and potential new ones such as the course instructor and seminar colleagues), and to emulate or surpass the master (father, Freud, Erikson, and the instructor) or be primus in relation to classmates (represented in the dream by Ellis, Sacks, and Freddie). Both Freddie and Uncle George were of short stature, 'little guys' (cf., 'big guy', the instructor).

The superego opposition to this dream wish results in the guilt and death themes. 'Threatening atmosphere' could refer not only to the superego but also to the atmosphere of the dream seminar where A has to deliver the goods. The conflict is implicit in his receiving and then remembering having sent a card. Put in another way, the conflict is portrayed by the passive wish being aroused in the first part of the dream; it is stimulated by the baby's calling for food, thus taking the wife from A; physical symptoms and hypochondriasis; need for patients and a suitable dream; the wish to be like Freud, Erikson, and the instructor; and a longing for the former city with its protectiveness and pizza pies as opposed to the new professional venture and its loneliness.



In the second part of the dream is a reaction to the passive wish; that is, the competitiveness and the statement that the dreamer is doing fine, while his old rival is faring badly. A slip of the tongue about cancer of the bowel instead of stomach is a denial of the oral wish. The filing of the teeth could make them sharper for rivalrous aggression or be an effort to mitigate the oral desire. The cockiness of the finale had a double meaning for A: phallic but also anal (cf., Yiddish for feces). This dream is a plea: 'It is not I who am down or look older or am being observed' (A remembered being nervous about presenting the dream); that is, 'it is not my mouth that is open'. A third way of stating the conflict—if you are too overcompensatory (up) for your passive wishes, you fall (down) again—suggests the following: in the data one can find many references to 'up' and 'down' (displacement from cancer of stomach to bowel, manifest prominence of mouth and feet, C or E at the top, the feeling of having reached a high point in opening the office, etc.). Geographical history can be added to this: A was born up in Vermont, moved down to New Jersey, and has been gradually moving up since (New Jersey to Connecticut to Massachusetts). A's being a little down was a dream stimulus.

All of the transferences and identifications concern men. The evil prototypes (4, p. 54) are the ones that find their way into the manifest dream (Freddie and Uncle George are 'little guys', down, 'odd balls' who do not amount to much). Ellis and Sacks as colleagues are not prototypes, whereas the ideal prototypes (Milton, the rabbi, Freud, Erikson, and the instructor—the 'big guys' who are authors, epitomes of integrity, top analysts and teachers) come in only by association. Perhaps A could not safely aspire that high. Finally, in the happy ending of the last sentence, the dream takes on the quality of an examination dream similar to the instructor's in the sense that everything is all right (10, p. 274).

### B'S DREAM

B began his presentation on the same date as A; it was completed

two weeks later. He planned to present a pair of dreams, strikingly different in manifest content and in method used for representability, but related in latent content. Both dreams were very brief which was not B's usual style. They were dreamed two weeks apart, on Sunday nights. The first occurred on the night of October 7th:

On awakening I was aware of having had a dream in which *there was a man by the name of KNOWLE KNOWLES*, so that the entire dream consisted of a verbal impression the following morning with no clear-cut visual aspect except that the name seemed all in capitals.

The second dream came on October 21st.

This dream was entirely a picture with no verbal content; it was a vivid visual dream in which *I was putting my head up to that of a fox*. I saw only the head of the fox in the dream, and it was as though I were kissing or nuzzling the fox, a sort of pet fox.

There was no analysis of the fox dream in the seminar but a few comments will be made about it; it proved to be a highly overdetermined fox. As with A, similarities of B's material to Freud's, the Irma dream, and Erikson's discussion are numerous.

*Background and current situation.* B was thirty-four, in his fourteenth year of marriage, and had three boys aged ten, eight, and five. His only sibling was a brother, three and a half years older, who was married, had two children, and worked with his father in the family retail furniture store in a small city in the Midwest. B's father was a successful Jewish businessman, active in community affairs, widely read, who took special pride in B's scholastic role as primus; a notable exception to B's being primus appeared when he applied for analytic training as his original application for admission was 'deferred'—a fact the seminar instructor had pointed out to B some months before at the time of his reapplication. The father had been somewhat disappointed that B did not join him in business. Their most intimate hours had been spent in hunting, fishing, and other outdoor



activities; the older brother did not share these interests with the father. Succeeding had always been important to B.

Two years earlier, at the age of sixty, B's mother had died from cancer of the breast. It did not occur to B until he was writing down the dreams for the seminar that the anniversary of his mother's death fell mid-point between the two dreams and had been completely repressed, in contrast to the previous year when he had felt very sad at the time. Three details about the mother seemed pertinent: B felt closer to her than to his father; she was a self-sacrificing person, highly esteemed; she was physically quite attractive and her appearance was important to her.

B had been in private practice for three years and each week did some university teaching. His wife was fond of horses and devoted much time to fox hunting, in which B did not participate. As a child, he had had a head injury after a fall from a horse and part of this memory included the excellent nursing care he received. Currently B was looking for a first control patient; his lack of success so far made him somewhat frantic as an institute rule required six months of supervision before embarking on the next year's classes. He had interviewed a number of prospects but they were unsuitable for various reasons; for example, one young woman with a classical hysterical neurosis, who had seemed like an ideal first control, was approved by the supervisor but became pregnant. B's own analysis had been completed six months earlier.

*Day residues.* B had seen in the Sunday paper an engagement picture of a former patient whose name rhymed with KNOWLES: she resembled B's mother; her engagement represented turning down B's solution to her problem of relating to men as she had terminated the recommended therapy shortly after beginning it.

When the instructor had presented his own dream a week before, B had thought to himself: 'If the instructor can be that frank, I can be even franker' (and proceeded to produce a manifest dream which tells almost nothing!).

Earlier on Sunday another patient with a history of repeated

suicide attempts had called to tell of another suicidal gesture, raising a question of rehospitalization and of legal implications. That night B was debating whether to interview a law student who had been sent as a possible control; the student had also been referred to an institute colleague. Although the latter had told B to go ahead with the interview, he felt some concern that he might be 'stealing' from the colleague and felt that he should wait. Part of the referral communication told of a dramatic dream in which the patient saw himself as a fox.

Several occurrences that evening had to do with money. B and his wife had paid bills; he had told his wife they could not afford a new horse she wanted; he had given money to a friend to purchase football tickets for the Yale-Cornell game. Cornell was the father's college and that of two institute colleagues; it was also associated with a guilty debate whether to attend an earlier Cornell game shortly after the death of his mother. One of B's fleeting thoughts that night was that he might be able to take on a control at a very low fee if the bills were not so high.

*Additional associations.* On awakening B was not sure whether it was a man or a woman in the dream but then decided it was a man. His first association to this doubt was his concern about finding a control; he still did not *know* whether his first case would be a man or a woman. *Nolle* (let it not be) came to mind and became associated with the suicidal woman patient who had called; this, in turn, led to a series of present and past patients who had done badly. Knolls offer vantage points for a good view. Knollwood Road reminded B of a conversation with an institute colleague about evening meetings of the seminar to facilitate visits to the Bowl (to watch football) and a reluctance to bring this up lest the instructor think they prefer football to institute study. On a different Knollwood Road lived another patient to whom B wished he had said 'no' more definitely. Pooh Bear came to mind:

And nobody knows  
(Tiddely pom)



.....  
 How cold my toes  
 (Tiddely pom)  
 Are growing<sup>3</sup>

A series of Latin terms emerged, several of which are also legal: *Noli me tangere* (touch me not); *Nolo contendere* (I do not wish to contend); *Nolle prosequi* (unwilling to prosecute the point, or the whole case). B thought of declining Latin verbs for a teacher in preparatory school. There followed a series of plays on the words: I know; no; owl; now—I know now something I did not before—; know less; no more, no less. There was a sound association from KNOWLES to nose—sinusitis with penicillin.<sup>4</sup> Bowles—Chester Bowles—suggested that B was the only one among his colleagues who planned to vote Republican. The same colleague who might see the law student had joked with B about this the previous day. The first letters of the two words (KNOWLE KNOWLES) were identified with the instructor and brought to mind: the joking colleague, B's wife, the author of *The Dream Specimen of Psychoanalysis* (4), and 'K.K.', the sound which doctors ask patients to make while using suction on an infected nasal sinus.

*Configurational analysis of manifest dream. Verbal:* Besides the play on words, several other aspects of the verbal configuration are worthy of note. Knowing is of prime importance to the dreamer, especially for the activity (seminar) toward which he is headed. The verbal takes over the stage in this brief dream. The *sensory* has very little part in it: looking assumes importance only in the latent thoughts. *Spatial:* There is no motion, no definition of locus; capital letters involve the only use of space (cf., S(E)INE, [4, p. 19]). The *temporal* is poorly defined. The main clue to time is actually expressed verbally; that is,

<sup>3</sup> From A. A. Milne's *The House at Pooh Corner*. (B is getting cold feet.)

<sup>4</sup> B had had a cold of several days' duration which had progressed to sinusitis with moderate nasal discomfort, for which he was taking oral penicillin. The dogged persistence of this infection may have been, in part, related to forgetting the anniversary of his mother's death.

the wording sounds like the beginning of one of Grimm's Fairy Tales, which reaches back to childhood. The *affective* is strikingly absent in contrast to the strong affects in the latent thoughts; the doubt on awakening is the only hint of manifest affect. The extreme sparseness of the configurations requires an explanation, especially when we add that B's usual style of dreaming included varied and extensive interpersonal, sensory, spatial, affective, and temporal configurations. Here we have a good example of how much can be learned from a dream surface, if only by absences (4, pp. 19, 55). The dream that did result was the ego compromise between the superego wish to keep peace at any price and an id wish to be best (to be franker than the instructor and tell everything; to produce an even briefer—and better—dream than the S(E)INE dream for Professor Erikson). The superego won as the manifest dream told just enough to enable it to be called a dream (no more, no less), but the repetition of the name ruined any chance of being briefer than S(E)INE; in fact, the ending E of KNOWLE eliminated even a tie.

Another part of the verbal configuration, the absurdity of the name, adds a derisive affect to the NO (10, pp. 434-435) and illustrates an additional ulterior motive for dreaming (4, p. 46). At the seminar meeting prior to the dream there had been a discussion of whether daytime punners pun more than others in their night productions. B had taken the position, not widely supported by the others, that they do; B, an avid daytime punner, tried in this way to prove his point.

*Trends in the dream and conclusion.* The latent thoughts and wishes included B's desires to be a knowledgeable man and analyst, which conflicted with certain family and recreational activities; there was the wish for an ideal patient, concern for the health of self and others, and professional conscientiousness; there was identification with Freud, the instructor, Erikson, and B's father, and competition with them and his seminar colleagues. Besides the wish to have the best dream, there were also passive wishes: for the mother, for the father, to be cared for, and a momentary passive feminine wish (the doubt on



awakening) which was resolved in favor of the masculine. Opposing the aggressiveness toward teachers, fathers, and brothers is a superego wish to keep peace; opposing the passive wishes is a superego insistence on being active, being a man. The dominant transference conflicts displace from father to teachers and from mother to wife; many associations and memories of the intensely rivalrous relationship with the brother are transferred to colleagues.

The repetitive life conflict—should B assert himself or avoid trouble (activity versus passivity)—could be traced in many associations. Two memories from childhood gave clues to the associated conflicts in that period. They related to the two main unconscious drives in the dream: to grab something—a patient, money, an honor, or a woman—and the passive wish to receive or get something for nothing. Identification with the father's shrewdness appears in the plan to go beyond the rules and present a second dream (the fox dream) in an effort to be best. The father represents the ideal prototype of a learned man who is at the same time honest but shrewd. On the issue of shrewdness, the superego says, 'Don't be absurd; don't be in a hurry' (*Nolle*).

It is important to note the relation of the dream to the moment in B's life when it was dreamed (4, pp. 7, 50), when he faced questions concerning the institute, marriage, finances, identifications, his mother's death, and values after the end of his analysis. Another aspect of the manifest configurations pertains. At this point in his personal life there was something B did not want to see, which seemed to be related to the essential absence of the visual in the dream. Predominance of the verbal configuration can be related to intellectualization, a prime defense for B (4, pp. 19, 20). The vivid visual prominence in the fox dream could then be an overcompensation to the first dream, particularly since the second dream seemed in other ways an effort to supplement inadequacies in the first. The importance of looking as a drive and secondarily as a defense comes through: looking for patients, pretty women, ideals, knowledge, a dream, and at surfaces instead of depths.

B seemed involved in matters of generativity (4, p. 36)—there

were other omitted associations having to do with pregnancy and producing—though there was evidence for a continuing struggle between a sense of intimacy and a sense of isolation (lack of dream population suggests aloneness) and already some concern with problems of integrity. From the dream data we may conclude that psychosexual fixation was at an oral incorporative level (2, p. 69), and a partial arrest, the uneven assertiveness, occurred at the phallic level (4, p. 51).

The detailed study of the dreams of A and B, even though it means a sacrifice of details of the other five, is justified by the light a careful review throws on our question for study. This gives us a clue to what the other dreams might have revealed had they been examined as intensively.

### C'S DREAM

On December 1st, C presented a dream she had dreamed on October 3rd. The dream was in two parts. The first part had two subdivisions.

1. a. Long table—like a conference table—many people seated around the table. There seemed to be a place for me.

- b. Same table, covered with a white cloth. More people around. No place for me to sit. I stood on the periphery.

2. Fitkin I Amphitheater.<sup>5</sup>

Many male students seated. Among them several female students who looked alike and were all knitting red turtle-neck sweaters. The completed parts of the sweaters, the necks, were directed upward and therefore very conspicuous.

*Summary of trends and conclusions.* The preconscious conflict was: 'Where is my place? Where do I belong? Am I an outsider or in?'. The unconscious themes were: femininity versus masculinity, receiving versus giving, and passivity versus activity. C was the only woman in the class. She had just opened her office for private practice; that is, she was entering the man's world of competition. A theme running constantly through the

<sup>5</sup> In a local teaching hospital.



material was her need to combine being a woman and a practitioner, expressed by the question: should she be telling dreams or at home mothering ('sticking to her knitting'), or both? This conflict found its counterpart in her earlier family constellation.

*Manifest references to the group stimulus.* C's dream was definitely dreamed for the course; it was short, clear, and had concise associations. The long table and conference refer, in part, to the seminar. The only *temporal* reference is the suggestive regression in the second part to medical school days after she feels excluded. The feeling of being outnumbered by the males is handled by the only absurdity in the dream—all the females look alike (she multiplies herself) and the sweater necks are red and erect. The question, Is there a place for me?, is answered as the dream found her a place in the seminar.

*Latent references to the group stimulus.* The table brought to mind the table around which the seminar was held, another table from her residency training, and her mother's dining room table. The question of her place with her male analyst came up. The Fitkin I Amphitheater brought back, among other things, a memory from 1947; the seminar instructor had given a lecture there and C was on the periphery. A day residue had been a discussion of the place of dreams in analysis. Association after association echoed the same themes.

On December 15th, D (see footnote 2 above), E, F, and G presented their dreams.

### E'S DREAM

Eleven days earlier E had dreamed:

Cy Lustman was asking me for the program of the New York Psychoanalytic meeting and I looked frantically through my briefcase. . . . I believe something else followed but I cannot remember.

'Above is the way I wrote down the dream a short time after awakening. While I was writing it down, I felt like substituting the German word *Aktentasche* for briefcase [literally translated:

*Akten* = documents, *Tasche* = pocket]. Only a few days later, on rereading the dream text I was struck by (1) "Cy"—the person's name is Seymour, and (2) "New York Psa. meeting"—I had meant the mid-winter meeting of the Am. Psa. Assoc.'

*Summary of trends and conclusions.* This is another fine example of how the material with personal connotations blends with that related to the group stimulus. E is the second of three boys; an excitant for the dream was the older brother's intent to follow an occupation somewhat related to E's, which was opposed by E's wish that he would not. Questions expressed in the dream were: how does E stand in relation to his brothers (actual and analytic) and how can he outdo them, by giving or withholding? A latent conflict about being second referred to family and seminar. The predominant affect was anxious fretting about not being able to produce documents (papers, a dream) which would serve as passports to friendship, academic promotion, the seminar, and the instructor's recognition. E was finally able to produce an acceptable dream while his analyst was away (in New York).

*Manifest references to the group stimulus* included 'Psycho-analytic meeting', 'looked frantically', mention of two analytic colleagues, 'Cy' and 'Lustman', and the brevity of the dream. *Latent references* were the theme of feeling envious of and left by brothers and analysts, concern about normality (his own and in relation to brothers), a delivery theme (papers for promotion, his wife's pregnancy, and a good dream to keep 'older brother' from getting ahead), and a worry about revealing too much or being found empty (*Akten* also means nude figure). A preoccupation about whether to do things collaboratively or alone was one of a number of similarities to the total content of Freud's Irma dream.

### F'S DREAM

On Saturday afternoon, December 8th, F dreamed:

A basement of a home that looks like a rug store. A pile of



rolled-up rugs of different sizes on the floor, including rolled-up rubber stair treads. I stand there looking at the rugs and am irritated with my wife who is beside me (but is not seen clearly) because the delivery men have brought the rugs here. 'They were supposed to bring them to the new house', I complain, blaming her. Then I run up the stairs, out onto the sidewalk, chasing the delivery men. They are driving off in a large van. I call after them, and am sure that they hear me, but they drive off into heavy traffic, taking no notice of my yelling at them. I stand there at the curb, angry, yelling at the men in the van.

*Summary of trends and conclusions.* The main theme was concerned with F's needs: it involved complaints against those who do not meet them and cannot be depended upon, and concluded that it is best to do things oneself. Manifestly the dream showed F as very active, but the day residues and other associations portrayed for the most part passive wishes and his feeling of being overburdened. The significant affects were anger (at the frustration of needs) and envy. *Manifest references to the group stimulus* were a basement, delivery men, and delivery to the wrong place. Adding latent thoughts, we find this dream is characteristic of the whole series in having extensive condensations. The basement setting described the seminar location, but also the office of F's analyst, the playroom for his 'different-sized' children, the locale of his cleaning activities just prior to the dream, and it is associated with his father's place of business.

'Delivery' was highly overdetermined. F had thought he was selecting a nice, clean (he had several associations to filth), innocuous dream about moving (he and his family were moving in one week to their first house). He was eager to get the dream over and delivered, which also applied to his wife's pregnancy. The delivery of another child involved outdoing his father. Delivery men included reference to the seminar instructor and colleagues. Finally, delivery to the wrong place implied a wish that the seminar might not get to him, a question: 'Am I in the wrong place?', and some envy of the prospective delivery of the baby to his wife instead of to him.

## G'S DREAM

I am going to a meeting with a friend—to CCNY.

I am going again by myself. I am driving through Central Park although it seems much hillier than it really is. I am going up a hill—turns left or right, felt unsure. I saw familiar buildings of Central Park South to the left through clouds. They seemed frighteningly (?) close. Then I knew which turn because the meeting was at 64th (?) and Broadway. I got to the intersection of 60th Street and saw a street sign after first being lost again and not knowing which way to go.

I was in a crowd and overheard someone say, 'that must be Monsignor Sheehan'. I doubted it since I called to mind his appearance and he didn't look like this short, dumpy fellow.

Then there was an indifferent ending with my wife remarking, 'You've been there, have you?'.

*Summary of trends and conclusions.* It is difficult to summarize this rich total dream. An example of its complexity can be seen in the material about looking. It is of special interest that G made a conscious decision to have a dream that night (November 16th) but was nevertheless surprised the next morning that he had done so. Day residues included dissatisfaction with his performance in analyzing A's dream at the seminar, reluctance to analyze colleagues' dreams, ambivalence about public disclosures in general, and annoyance at 'having to dream' for the course and at hearing of an 'early psychoanalytic group' who had to bring their dreams to each other. Opposition to the wish to have a good dream (to show up well and unlock the secret of the dream) was evident in the resemblance of this to an examination dream: in writing down the data G twice dated it December 16th (presentation was December 15th), and the final spoken words put the meeting in the past.

Probable *manifest references to the group stimulus* are meeting, felt unsure, not knowing which way to go, Sheehan, and short, dumpy fellow. (Bishop Sheen represents a sector of Catholicism which G does not espouse, one that is antianalytic.) Adding latent material we learn more. Debating whether to



travel to Stockbridge alone or with a friend introduced the conflict between a sense of intimacy and isolation. His being an only child molded a formal aspect of the dream: a person wandering, undecided, looking for the familiar. A concern about competing, feeling one against many, was experienced in the seminar because of a different religious background which, in turn, reconstructed his college situation. This blended with a question of where G belonged: he is not sure of direction, has doubts of his competence; should he be assertive and alone (analyst, priest, seminar leader) or conforming in a group (analysis, seminar, religion, sexual role)? The dream pictured the very themes produced by his life: a series of crises related to being examined. He wished for reassurance, and the predominant affect (insecurity shifting to domestic felicity) and his style of dreaming (of problems solved) provided this. 'You've been there, have you?' also is connected with a wish to be finished—with the dream presentation, his analysis, training, and insecurity.

Assertive versus conforming is connected with two of several kinds of looking—active and passive. Manifestly, he was looking at hills, buildings, and for direction. Latently, he was looking for a dream, a control patient, and a place for himself (he wishes to establish himself as an accredited member of analysis, church, and family—with the right to look and doubt); he was looking at colleagues' dreams and was finding his direction in analysis by looking; his analytic hour that day was concerned with scientific 'curiosity' and its relation to looking. Monsignor is someone to whom he looks up, and he looks down on the short, dumpy fellow. Sheen has penetrating eyes, the kind that look right through you (which involved concern about exposure).

The short, dumpy fellow had a latent transference reference to the instructor and puzzlement about how to please him. A day residue about being a resident's supervisor was associated with the conflict between being a supervisor or supervisee. The interpersonal configuration depicting a crisis and resolution, and essentially reversing the Irma dream sequence of being with his wife, alone, and then with a friend, is one example from the

material which was laden with parallels to Freud's total dream.

### DISCUSSION AND CONCLUSIONS

The conditions under which these dreams were dreamed put this study on the borderline between individual and group psychology and between a strictly clinical and an experimental situation. Thus the material takes a place alongside hypnotically induced dreams (1, 16, 27) and dreams involving the Pötzl observation (6, 7, 8, 25, 29). However, compared with hypnotic dreams and Pötzl dreams, this series introduces the additional variable of selection of dreams for presentation. Six of the seven candidates actually dreamed and selected a dream for the seminar. D did not offer a dream dreamed for the seminar.

These dreams share the striking findings of Rubenstein, et al. (27) in hypnotic dreams, and of Fisher (6) in Pötzl observation dreams that the 'experimental situation' also figures prominently as one of the determinants in the dreams. The 'experimental situation' (or group stimulus) of the dreams of this seminar was the common stimulus of being students in an institute (cf., 24, p. 187), in a dream seminar with a requirement to bring in a dream and to read specific literature, including Freud and Erikson, and of having the instructor present his own dream. Some part of the group stimulus was present in all dreams dreamed for the course. The 'experimental situation' may also be described by differentiating: 1, identifications with and transferences onto Freud, Erikson, and the instructor; 2, details of the actual setting and mechanics of the dream seminar; and 3, other factors of being a student in an institute. Deserving special emphasis is the wish to have a dream, which was a motivating force for Freud's Irma dream as well as for the instructor's and six candidates' dreams (4, p. 46).

As we should expect, our detailed examinations of two dreams and our more cursory considerations of four dreams show great variation in the way parts of the group stimulus were incorporated into the manifest and latent dreams, and in the degree to which individual factors dominated each dream. The diagram



employed by Lewin and Ross (24, p. 328), showing the components of the analytic situation as interlocking circles, could be adapted to illustrate relative influences of personal (present and past), school, and analytic factors on these dreams. A recapitulation of a few examples will suffice: A, who is concerned with besting 'fathers', has a dream much related to the instructor, Freud, Erikson, the Irma dream, and S(E)INE dream, whereas F, who is more involved with feeling burdened than with identifications, presented a dream which related only slightly to Freud and the instructor's dream (and not to the others) but did include the basement and delivery men, and the theme of delivery to the wrong place. Only A and B had dreams strongly related to Erikson, whereas those of A, B, E, and G had many connections to the Irma dream. Three of the six referred to a meeting; five included competition with colleagues as clear-cut latent themes. There were individual references to the setting of the dream seminar, such as table and basement, and a number of allusions to delivery.

It is interesting to see the number of ways in which the instructor's total dream was related to competition and identification with Freud and Erikson. An additional manifest detail is the use of botany and zoology, two of the three examples Freud himself used in his description of examination dreams read earlier in the course (10, p. 275). The instructor's dream contains many themes from the Irma dream. Thus it is a link in the complex relations between the Irma dream, Erikson's paper (4), and the candidates' dreams.

Interest in the dream surface is increasing (4, pp. 16, 17, 18, 55; 10, p. 506, n.; 16; 26; 28). One example from this literature is worth reporting. Roth (26) declared that 'acting out of manifest dream content occurs . . . when resistance [as when exposing one's dream to colleagues] prevents the full . . . interpretation of a dream'. In January 1958, when some of the data of this paper was discussed in Professor Erikson's Research Uses course, and when Dr. Lewin was visiting for the Survey of Psychoanalytic Education, C, who was not presenting, appeared at the class

wearing a red, turtle-neck sweater, a garment not worn before or since. She knew the subject for the day, debated what to wear, but otherwise was oblivious to the meaning of her choice.

Erikson has suggested that the study of manifest dream configurations may reveal occupational specificities (5) and differences specific to the two sexes (3; 4, p. 31). Lewin and Ross (24, pp. 144, 147), and Greenacre (14, pp. 34, 41, 46, 52) review qualities which seem desirable in an analyst. Though the sample is very small, these dreams contain a great deal having to do with thinking, examining, searching, observing, looking, curiosity, and passive receptivity (14, p. 50).

There are fewer data about sexual configurations. Comparing C's manifest dream with the rest, we find it is the one dream with many static people, the only one with color, and it alone has women in it (except for two wives in the other dreams); a circular arrangement is implied by the table and amphitheater; the white tablecloth, knitting, and use of enclosures are noteworthy (3; 4, p. 31; 16).

The total dream material suggests some additional information about the atmosphere of psychoanalytic institute education. The group reacted to the frankness of the instructor by bringing in personal dreams instead of those of patients, which was the intention before the instructor presented his own dream. However, the hierarchy of teacher-student or analyst-analysand was maintained in that the instructor omitted most personal associations whereas the candidates were less selective.

One of the most interesting findings reflected in the dreams is the degree to which identifications, superego development, and the seeking of models (24, p. 234) were still going on in this group, although they were between thirty and forty years old. It emphasizes once again how much Freud and institute teachers serve as figures for identification as well as transference.

The presence of strong passive and dependent strivings and the prominence in all the dreams of the conflict between passivity and aggressiveness, rivalry, and ambitiousness are noteworthy (24, pp. 74, 265, 266, 327). Eisendorfer attaches a great deal of value to the passivity: 'Perhaps the core of analytic apti-



tude in the male resides in his psychologically accessible latent femininity and his correlated passivity. It is this component of his personality that contributes to his capacity to perceive his own unconscious and that of others' (24, p. 144).

Anxiety about presenting the dreams to the seminar is reflected in the examination-dream quality of some and in the associations of most. Repeatedly emergent was the wish to have a good dream without revealing too much. There were the conflicting motives of wishing to please the instructor and outperform him (and seminar colleagues).

A great deal more might be said about the amount of involvement of the individual's time and energies in the pursuit of becoming an analyst, including the conflict of attending school at an age when heavy commitments have been made in other areas of life. Spouses' objections to the time demands of the institute were latent in several of the dreams (24, pp. 73-74).

These dreams offer a contribution to the subject of 'normal' dreams and to the concept of normality. As Lewin and Ross stated, 'the child, the psychotic, and the "normal" are contributing to a new psychoanalytic psychiatry and a new psychoanalytic psychology. From the student "material" at the training analysts' disposal there should arise a new psychoanalytic educational psychology and psychopathology' (24, p. 235).

The group of six whose dreams are presented seem each to fulfil reasonably well Freud's criteria of normality—having the capacity to love and to work. For example, in 1956 all had completed or were in advanced stages of their training analyses; all functioned at a high level in their vocation in institutions of learning or private practice; all were married and had children. A five-year follow-up reveals that their progression in analytic training has proceeded without interruption, and all have been graduated or are close to graduation. Their professional careers have all advanced to higher levels of responsibility. One has been divorced but has remarried happily. Two, including the latter, have had additional short periods of analysis.

Finally, what rather spontaneously happened in the seminar illustrates a remarkably effective teaching method. This pro-

cedure offered opportunity for thorough analysis of a dream which served as a prototype for future self-analysis through dreams. In *The Dream Specimen of Psychoanalysis*, Erikson said: 'As we review in our minds the incidents of dream analysis in our daily practice and in our seminars and courses, it must be strikingly clear that the art and ritual of "exhaustive" dream analysis has all but vanished' (4, p. 5). In this seminar, five of the six candidates who dreamed for the course reported later that they had analyzed these dreams more exhaustively than any in their personal analyses. Several estimated that they had spent as much as sixteen to eighteen hours on their dream.

### SUMMARY

The unplanned occurrence of the instructor's presentation of his own dream at an institute dream seminar resulted in the candidates' dreaming dreams for the course. A study of these dreams reveals the atmosphere of psychoanalytic education with special emphasis on identifications, a rather widespread passive dependent trend, and opposing ambitiousness and rivalry. One manifest configuration of the dreams suggests an occupational specific. The dreams and associated data offer a contribution to the subject of 'normal' dreams and the concept of normality. The situation proved to be a highly effective teaching technique for a full understanding of dreams.

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# CHAUCEER'S PRIORESS AND HER TALE

## A STUDY OF ANAL CHARACTER AND ANTI-SEMITISM

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### I

The works of Geoffrey Chaucer (c. 1340-1400) present a rich mine of psychological observation. An important demonstration of his skill is his study of the Prioress in *The Canterbury Tales* (c. 1386), a characterization conforming closely to psychoanalytic descriptions of the anal character. The portrayal combines outward description with revelation of inner fantasy through story telling by his characters, a group of representative English men and women making a pilgrimage to the shrine of Thomas à Becket.

In his description of the Prioress, Chaucer stresses manifest reactions to oral and anal sadism. He has her choose for her story what is in effect a paradigmatic anal-sadistic—and anti-Semitic—fantasy: A Christian child passing through a ghetto, singing a hymn to the Virgin, is waylaid by a murderer hired by the Jews. The killer cuts the child's throat and throws his body into a latrine. The child's frantic mother seeks him everywhere without success until he is heard, miraculously still singing. The Jews are apprehended, starved, hanged, and their bodies torn apart by horses. The child, his neck cut to the bone, continues to sing until a grain placed on his tongue by the Virgin is removed, whereupon he dies and is buried as a martyr.

Close examination reveals how Chaucer steeped the Prioress and her tale in anal and sadistic symbolism (26), illustrating Freud's formulations on the sadomasochistic, sexually ambiguous characteristics of anal erotism. This paper documents in detail the thesis that the Prioress is an anal character as described by Freud (16, 18), Jones (24), and Abraham (1, 2), and

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that her tale is an anal-sadistic fantasy. In addition, since her tale is a classic anti-Semitic fable, resemblance between Chaucer's study and psychoanalytic studies of modern anti-Semitism are discussed.

## II

Chaucer's description of the Prioress unfolds by degrees, only hinting at first at reaction-formations and withholding confirmation by presenting next what appear to be successful sublimations.

There was also a nun, *smilingly modest and quiet*. Her greatest oath was only 'By Saint Loy'; she was called Madame Eglantine.

*She sang the divine service very well, entuning in her nose most becomingly, and she spoke French clearly and elegantly—* after the school of Stratford-at-Bowe (for she did not know Parisian French) (4, p. 420).<sup>1</sup>

Soon, however, the reader's latent suspicions are aroused fully by the unmistakable reaction-formations of exaggerated fastidiousness and kindness.

*Her manners at table were perfect:* she never let a morsel fall from her fingers, and she did not wet her fingers deep in the sauce. She could carry a morsel well and see to it that no drop fell upon her breast.

*She took great pleasure in being courteous, wiping her upper lip so clean that when she had drunk from her cup there was not a trace of grease upon it.* Most elegantly, she reached for her meat; she was certainly full of pleasantry, very cheerful, and of an amiable countenance. *She took pains to counterfeit courtly cheer, to be dignified in her manner, and to be held worthy of reverence.*

As for her feelings, *she was so charitable and pitying that she would weep if she saw a mouse caught in a trap and dead*

<sup>1</sup> Italics added in this and subsequent quotations. Translations from the Middle English are my own; throughout the remainder of this paper, however, I will retain the original when it is close to modern English.

or bleeding. She kept a number of small dogs which she fed with roasted flesh, or milk and bread of the very best quality. Sorely she would weep when one of them died or someone struck it with a stick. *She was all sympathy and tender heart.*

Her wimple was pleated very elegantly. Her nose was well-proportioned, her eyes blue as glass, her mouth very small, soft, and red. She had, moreover, a fair forehead—it was almost a hand's breadth broad, I believe—for indeed she was not undergrown (4, pp. 420-421).

So far individual items in the description have been introduced with complex irony: the description of the Prioress's table manners is adapted from a passage in the *Roman de la Rose* on the way 'the fashionable woman should behave in order to attract masculine attention' (3, p. 151). The reference to her 'lap' dogs is at once a sexual innuendo and another indication of the Prioress's worldly tastes, since 'ladies of the day loved to amuse themselves with pet animals; and nuns were quick to follow their example' (34, p. 90). Her features resemble those of heroines of courtly romances. But Chaucer is interested in much more than gentle satire of worldly tastes. Finally and dramatically he hints at unsuccessful repression; and in preparation for the Prioress's anal-sadistic tale he concludes the description of her by symbolizing her anal erotism. From her bracelet-rosary there dangles, complete with equivocal motto, a singularly appropriate anal-erotic token (16, p. 49; 18, p. 168; 13, p. 275; 11, p. 281).

Her cloak, I noticed, was very fine, and about her arm she wore a bracelet of coral beads, the Paternoster beads in green. *From it there hung a shining gold brooch on which was engraved a crowned 'A' and beneath, Amor vincit omnia* (4, p. 421).

### III

Every trait in the introductory portrait is accounted for in the Prioress's attempt to entertain her fellow travelers. She commences with a hymn addressed to God, but changes immediately



into an extended adoration of the Virgin. The first stanza recalls her concern with the mouth, for she says that God's praise is performed not only

... by men of dignitee,  
*But by the mouth of children . . .*  
 . . . on the brest soukinge (4, p. 498).

In the third stanza, the Prioress's genital strivings are expressed in transparently sexual imagery.

O mother maid! O maid mother free!  
*O bush unburnt, burning in Moses' sight,*  
*That ravished down from the deity,*  
 Through thy humbleness, the ghost that alighted in thee,  
 From whose virtue, when he lighted thy heart,  
 The father's wisdom was conceived (4, p. 498).

The fantasy of divine rape—initiated, however, by the passive aggression of the 'humblese' of the 'mayde moder free'—anticipates The Prioress's Tale which deals with the violent murder of a child. Through its emphasis on violent incorporation ('ravisedest down fro the deitee . . . the goost that in th'alighte'), the language of the third stanza also suggests oral sadism.<sup>2</sup>

The last stanza of the hymn contains a *double-entendre*.

My ability is so weak, O great queen,  
 To declare thy great worth,  
*That I may not sustain the weight* (4, p. 499).

This is not the first occurrence of a *double-entendre*, for 'free' in 'mayde moder free' (also deliberate of course on Chaucer's part) had already at that time the sexual meaning that it has today

<sup>2</sup> The oral sadistic significance of 'ravisedest' (ravished) is not merely metaphorical. Ravish in English derives from the Old French *ravir*, which comes in turn from the Latin *rapere*. Of the latter and its relatives, however, Körting says '... die ganze Wortsippe von \*rapare, scheren, abzuleiten' (28, p. 803). The word 'rape' has, therefore, besides its reference to sexual assault in a genital sense, at least two oral-sadistic meanings: a root meaning of shearing or cutting (Körting's 'scheren'), and an only slightly less primitive concept of robbing (rob and rape are in fact cognates).

(32, p. 117); the same is true of 'bush' in 'bush unbrennt'. As a poet, Chaucer is particularly adept in the uses of ambiguity (9, p. 79). He deliberately assigns ambiguous utterances to the Prioress herself as a way of satirizing her religiosity and thought, dominated as they are by the primary process.

The hymn closes with an explicit identification of the Prioress herself with an infant who cannot yet speak, and a reference to the tale that is to follow as a 'song'. Within the tale, moreover, a song figures prominently, functioning in typical anal-erotic fashion (24, p. 435) as both offering and provocation.

#### IV

The Prioress's Tale itself is a derivative of what Coulton calls a 'horrible fiction' (6, p. 352) and Hay calls the 'murderous lie' (22, p. 111)—the legend that Jews capture Christian children for sacrifice on the Passover. The myth was condemned frequently by the papacy from the thirteenth century on.<sup>3</sup> The Jews a century before had been protected for their financial utility to the Crown (37, p. 193). But repeated papal condemnations were not effective in preventing massacres during the thirteenth century, particularly in England, where the highest authorities often manipulated popular superstition in order to appropriate the wealth of the Jews. Finally, in 1290, Edward I expelled the Jews because they were no longer of any use (37, p. 197). One pogrom was carried out in 1255 against the Jews of Lincoln who, notwithstanding a papal bull to the contrary, were accused of sacrificing a Christian child (22, p. 124); Chaucer's Prioress associates the child of her story with the same

... yonge Hugh of Lincoln, slayn also  
with cursed Jewes, as it is notable,  
for it nis but a litel whyle ago (4, p. 501).

The alleged murder, it should be remarked, did not take place 'but a litel whyle ago' with reference to the time of The

<sup>3</sup> For discussion and documentation of the Church's condemnations of the ritual murder fiction, see Donaldson (7, p. 33); Schoeck (36, pp. 251-252); Dunn (8, pp. 41-42); Marcus (30, pp. 151-154).



Canterbury Tales, which was written as contemporaneous more than a century later. Chaucer has the Prioress make such a glaring chronological error in order to emphasize the extent to which her 'perception . . . is disturbed by unconscious fantasy' (31, p. 252). His audience would already have been aware of the obsessive distortions in *The Prioress's Tale*, and of the likelihood that she had never seen a Jew (36, p. 252). The most critical members of his audience—and, judging from the literature of the time, there were undoubtedly many—would have known too that 'there was no evidence, except under torture, that [Hugh of Lincoln] had been killed by anyone' (22, p. 127).

The Prioress begins her tale with a tubular image (24, p. 423; 33, pp. 8-10) and an equation of dirt, money, and villainy.

There was in Asie, in a greet citee,  
 Amonges Cristen folk, a Jewerye,  
 Sustened by a lord of that contree  
 For foule usure and lucre of vilanye,  
 Hateful to Crist and to his companye;  
 And thurgh the strete men mighte ryde or wende,  
 For it was free, and open at either ende (4, p. 499).

The 'Jewerye', used for financial transactions described as 'foule' by the Prioress (who is herself fond enough of wealth in the form of jewelry and fine clothing), becomes the scene of the child murder of her tale, which continues to abound in anal imagery. Since the anal motifs are overdetermined, the characterization of the street as 'free', for example, suggests genital overtones and echoes the Hymn's 'mayde moder free'.

In the next stanza, the Prioress tells of a

. . . litel scole of Cristen folk . . .  
 Doun at the ferther ende, in which ther were  
 Children an heep, y-comen of Cristen blood (4, p. 499).

'Children an heep' means figuratively 'many children', but the literal meaning, 'children in a heap', is operative in the Prioress's fantasy, and the correlation between children and fecal mass (17, p. 274; 18, p. 168) is symbolized throughout the tale. The

phrase 'y-comen of Cristen blood' besides anticipating the equation between child, feces, and corpse (24, p. 428) depicts also the Prioress's ambivalence in this, as in other matters: children are for her not merely excreta; they are 'dangerous excreta that have damaged her own body' (27, p. 307).

The child hero of the story learns a hymn called *Alma redemptoris*, 'nourisher of the redeemer'. Chaucer has already given much attention to manifest oral components in the Prioress's appearance and thinking, and has hinted at her equation of mouth and anus ('wiping her upper lip so clean'); now the equation between child and feces—the child passes back and forth through the Jewry—is symbolized anew, and that between song and feces established.

*Twyes a day it passed thurgh his throte,*  
To scoleward and homward whan he wente (4 p. 499).

The latter equation is maintained throughout the story, for the Prioress has the child use his song provocatively, there being no need for him to sing 'wel and boldely' (4, p. 499) as 'thurgh-out the Jewerye this litel child . . . cam to and fro' (4, p. 500). The way in which he sings suggests, however, an identification with the Prioress herself ('she sang the divine service very well'), while the child's passive aggressiveness repeats that of the Virgin in the Prioress's hymn and is a complement to the masochistic behavior also attributed to him in the tale.

Upon first hearing the song the child in the story does not know to whom it is addressed, but

. . . on a day his felaw gan he preye  
T'expounden him this song. . . .  
*This preye he him to construe and declare*  
*Ful ofte tyme upon his knowes [knees] bare* (4, p. 499).

His schoolfellow tells him the song is a hymn to the Virgin, whereupon the child answers fervently,

'And is this song maked in reverence  
Of Cristes moder?' seyde this innocent;



'Now certes, I wol do my diligence  
 To conne [learn] it al, er Cristemasse is went;  
*Though that I for my prymer shal be shent* [punished]<sup>4</sup>  
 And shal be beten thryes in an houre,  
 I wol it conne, our lady for to honoure' (4, p. 499).

The beating and its regularity suggest a masturbation fantasy (20), as does a passage which occurs in the twenty-seventh stanza. In both cases we shall see that the Prioress 'manages to combine in a single act her erotic wishes with the idea of being punished' (25, p. 450).

The psychological climax of The Prioress's Tale occurs in the twelfth and thirteenth stanzas, where she describes an incident suggestive simultaneously of rape, castration, and sacrifice. Hearing the child singing, the Jews

... conspyred  
 This innocent out of this world to chace;  
 An homicyde ther-to han they hyred,  
 That in an aley hadde a privee place;  
 And as the child gan for-by to pace,  
 This cursed Jew him hente and heeld him faste,  
 And kitte<sup>5</sup> his throte, and in a pit him caste.  
 I seye that in a wardrobe they him threwe  
 Wher-as these Jews purgen hir entraille (4, p. 500).

The insistence of the Prioress upon describing repetitively the pit in which the murderer throws the child establishes the equation between child, feces, and corpse, and describes the breaking through of the Prioress's anal sadism. The appearance of 'privee' in the same stanza emphasizes, moreover, the anal significance of the Prioress's interest in singing, for earlier in the tale the very song which led to the child's death had been

<sup>4</sup> The word 'shent' has peculiarly strong connotations. It also means 'destroyed', 'ruined', 'spoiled' (35, p. 1103).

<sup>5</sup> The contextual associations have a significant historical analogue. 'Kitte', the past tense of 'kuten' (modern English, cut) is etymologically related to 'shitten'. Both contain a root (*sci-*), found also in the Greek *schizein* (cf., Latin *scindo*, German *scheissen*) and *keirein* (cf., Latin *curtus* and *castrare*, German *kurz* and *scharf*, French *ecourter*).

learned by him 'prively' (4, p. 499). On other levels, the passage suggests the 'familiar fantasies of anal rape' (25, p. 443) and, in the mode of disposing of the child's body, an infantile birth theory.

Not surprisingly, a suggestion of persecution also appears. The Prioress who, like the child in her story, is chaste and sings a song to the Virgin, thinks of herself as an innocent chased out of this world. Such an attitude would have its origins, however, not only in the regressive fears of her anality but also in her reality situation. Chaucer has taken pains to depict her conspicuous lack of vocation, leading the reader to surmise that she, like many other women in the Middle Ages, had been placed in a nunnery while still a girl because her father did not wish to give her a large enough dowry for marriage (cf., 34, p. 76), still another reason for her hostility to the Jews whom she associates with money.

In this connection, Chaucer indicates that the Prioress thinks of children as sacrificial objects—as surrogates for the children she has never borne but has sacrificed to the Church by her vows of chastity. Her little dogs stand not only for children but for children about to be sacrificed: for we are told that these pets were fed with 'roasted flesh, or milk and bread of the very best quality'. Mathew of Paris, a well-known writer on the thirteenth century legend of Hugh of Lincoln, says that Hugh was reported to have been fed by his Jewish captors on 'milk and other childish nourishment' (22, p. 125). Moreover, like the child's mother in the tale, the Prioress weeps when one of them dies or is struck with a stick, the very reference to a dog being beaten establishing still another link between the Prioress's pets and the child in her tale. Within the tale itself, of course, the manner of the child's death suggests the sacrifice of a lamb, to which the child is, in fact, specifically likened in the fourteenth stanza.

Chaucer's suggestion that the Prioress considers children as sacrifices for whom she is destined to mourn accords with aspects of her tale which manifest depressive as well as anal-sadistic



traits. For the Prioress makes her fantasied '... love object the target of certain impulses which correspond to the lower level of ... anal-sadistic development. These are the impulses of expelling (in an anal sense) and of destroying (murdering)' (2, p. 444). In the Prioress's emphasis on cutting a child's throat she has 'produced fantasies connected with the sacrifice of Isaac, the theme of which is, of course, the father at the altar about to slay his own son with his knife' (2, p. 448, n.).

And, as in the fantasies of Abraham's melancholic patients, 'the product of such a murder—the dead body—becomes identified with the product of expulsion—the excrement' (2, p. 444).<sup>6</sup> Nevertheless, despite depressive motifs and fantasies of oral sadism, in the Prioress's case 'the tendency to show signs of obsessional behavior ... occupies the foreground' (2, p. 431). Her hymn and tale conform, therefore, to Abraham's observation that 'it does not seem possible to make a hard and fast distinction between the melancholic character and the so-called "obsessional" character' (2, p. 423), and still demonstrate the intimate association between oral and anal sadism pointed out by Freud (19), Abraham (2), and Klein (27).

In the eighteenth stanza, the child's chastity is emphasized again (cf., the fourteenth stanza also) and thus the Prioress's own 'morbid purity complex' (24, p. 434). The anal-erotic equations between feces and gems, anus and mouth, assault and coitus are also symbolized. The child's mother discovers him in the pit, whereupon

This gemme of chastitee, this emeraude,  
And eek of martirdom the ruby bright,

<sup>6</sup> In addition, the Prioress refers in her hymn to infants' sucking and to herself as a child, and mentions early in her tale St. Nicholas, of whom 'it is related that he sucked only once on Wednesdays and Fridays when an infant on the breast' (35, p. 840). She tells too of starving the offending Jews (4, p. 500), and uses in her version of the miracle a grain placed in the child's mouth. There is also much weeping and abasement in her tale: the child's mother swoons by his bier (4, p. 500); a monk weeps salt tears and grovels on the ground (4, p. 501); a whole congregation lies on the ground weeping and praising Christ's mother (4, p. 501).

Ther he with throte-y-corven lay upright,  
 He '*Alma redemptoris*' gan to singe  
 So loude, that al the place gan to ringe (4, p. 500).

At this point in the story the Prioress's attitude toward parental figures emerges as typically ambivalent (11, p. 278). The mother is a widow, therefore identifiable with the Prioress herself. The widow's child becomes a martyr, as do the Prioress's little dogs in her unconscious fantasies. Moreover, both the Prioress and the mother are associated positively with the Jews. The hymn speaks of the Virgin as a 'maid mother free', a 'bush unburnt, burning in Moses' sight'—the language indicating the extent to which the thought of the Jews arouses the Prioress's genital impulses (29, p. 19). In *The Prioress's Tale*, the mother is called 'this newe Rachel', a Jewish name. On the other hand, after describing the mother's suffering the Prioress drops her from the narrative in a summary manner and devotes the latter third of the tale to the 'miracle' of the child's continued singing. Such sudden lack of interest, combined as it is with the Prioress's exaggerated adulation of the Virgin, suggests ambivalence toward female parental figures. From this standpoint her tale is in part a fantasy of revenge upon a female parent, and her repetitious punctiliousness (15) in adoring the Virgin suggests a struggle to repress jealousy and anger against maternal figures. Her ambivalence toward parental figures is even more evident in the treatment accorded the Jews in her tale. They function as imagos of the phallic father, at once provocative and dangerous, and, in obviously genital imagery, are associated with Satan, the negative father imago par excellence (21).

Our first fo, the *serpent* Sathanas,  
 That hath in Jewes herte his waspes nest,  
 Up *swal* . . . (4, p. 500).

The crime, thus interpreted as an incestuous rape fantasy, must, of course, be paid for in *The Prioress's Tale*. She, in whom 'al was conscience and tendre herte', after the discovery of the child tells



With torment and with shamful deth echon [to each]  
 This provost dooth thise Jewes for to sterv [starve]<sup>7</sup>

.....  
 Yvel [evil] shal have, that yvel wol deserve.  
 Thefor with wilde hors he dide hem [them] drawe,  
 And after that he heng hem by the lawe (4, p. 501).

But the description of the Jews' punishment does not exhaust the Prioress's interest in injury. An abbot, 'an holy man, as monkes been, or . . . oghten be' (4, p. 501), approaches the child, who is still singing, and asks:

In vertu of the holy Trinitee,  
 Tel me what is thy cause for to singe,  
*Sith that they throte is cut . . .* (4, p. 501).

The child emphasizes the details of the injury: 'My throte is cut un-to the nekke-boon' (4, p. 501) before he goes on to say that he cannot stop singing until a 'greyn'—literally, a grain, but perhaps a pearl (35, p. 841)—which the Virgin has placed upon his tongue is removed.

In a passage that symbolizes simultaneously coitus, masturbation, and castration the Prioress then relates how this holy monk

[the child's] tonge out-caughte, and took a-wey the greyn,  
 And he yaf [gave] up the goost ful softly.  
 And whan this abbot had this wonder seyn,  
 His salte teres trikked down as reyn,  
 And gruf [grovelingly] he fil al plat [fell all flat] up-on the  
 grounde,  
 And still he lay as he had been y-bounde (4, p. 501).

This stanza illustrates too the Prioress's unconscious preoccupation with the mouth-vagina equation (25, p. 443) and the ambivalence and sexual ambiguity characteristic of anal erotism (11, p. 278). On one level, she is describing a man ejaculating

<sup>7</sup> Starving as deprivation suggests also greed for the wealth of the Jews—a motive of great importance in medieval persecution.

and experiencing orgasm after masturbating—or castrating—a male child. The child, however, because of his chastity, adoration of the Virgin, and sadomasochistic attitude toward the Jews, is identified with the Prioress herself. Thus, on another level, the stanza suggests a clitoral masturbation—or castration—fantasy, the boy's tongue being equated with the Prioress's 'phallus' (25, p. 443; 36, p. 290).

The tale concludes with a reference, deliberately ambiguous on Chaucer's part, to God's relation to the Virgin.

Preye eek for us . . .

That . . . god so merciabe

On us his grete mercy multiplie,

For reverence of his moder Marye. Amen (4, p. 501).

The last line can mean both 'Because of *our* reverence for his mother' and 'Because of *his* reverence for his mother'. The latter interpretation is more consonant with the narcissism and fantasies of omnipotence characteristic of the Prioress's pre-genital orientation (24, p. 417; 11, p. 296) and is, I am sure, the one Chaucer wants to remain with the reader. Thus, as he concludes his initial description of her with the revealing ambiguity, *Amor vincit omnia*, so he has the Prioress finish her tale on another, equally symptomatic, ambiguity.

## V

The Prioress's Tale and Hymn indicate, therefore, that Chaucer's Prioress is an anal-erotic type. Condemned to genital renunciation and the guilt attending her unsuccessful repressions, she seeks to overcome her ambivalence toward the father and religious personages who have imposed an impossible sacrifice upon her. It should not be forgotten that Chaucer describes a society in which 'the sexual obsessions of the Church bore with especial hardness on woman' (38, pp. 63-64), and enforcement, such as there was, of discipline devolved upon male ecclesiastics. 'Instinctual structure, particularly the relative distribution of libido between genitality and pregenitality depends upon social



factors' (II, p. 488), and it is necessary to keep in mind the society Chaucer was describing. On the one hand were the tastes and mores of a changing secular world; on the other, the ordinances, legends, and habits of a long age in which celibacy was officially venerated and in which, moreover, 'living in filth was regarded by great numbers of holy men, who set an example to the Church and to society, as an evidence of sanctity. . . . For century after century the idea prevailed that filthiness was akin to holiness' (39, II, p. 69).

Caught in a crosscurrent of cultural change during a period of increasing 'matrist' permissiveness (38, chapter IV), women such as the Prioress took refuge in repression, regression, and projection; and, with ample precedent, assigned to the Jews their 'own unconscious instincts which have gained a bloody, dirty, dreadful character from their socially induced repression' (12, p. 29). Hence, the Prioress's anality represents a complex system of compromises (33, p. 17), not only between repressed genital impulses and reactivated infantile sexuality, but also between unconscious hatred of those who have imposed renunciation, and the need to placate—through imitation and identification—negative imagos of these same persons. Although the specific details of the Prioress's character and fantasies reflect the times, anality as such is neither peculiar to medieval Catholicism (Luther too showed a great number of anal traits and was 'unable to pray without at the same time cursing' [10, pp. 244-250]), nor is it completely representative of the religious thought of the age (8, 36, 7).<sup>8</sup>

With respect to Chaucer's own views, it is significant that nowhere else in *The Canterbury Tales* are the Jews assailed—

<sup>8</sup> Chaucer knew what such women were. Throughout *The Canterbury Tales* he furnishes abundant evidence of his awareness of the consequences of attempting to renounce genitality. He follows *The Knight's Tale*, in which chastity and bloodshed are equated dramatically, with the bawdy catharsis of *The Miller's Tale*, and 'in order to clear the air' (36, p. 254) after *The Prioress's Tale* he presents the whimsical tale of Sir Thopas, supposedly told by Chaucer himself. In that tale there is a positive reference to the Jews, for, in describing Sir Thopas' armor, Chaucer tells of the knight's ' . . . fyn hauberk, . . . y-wrought of Jewes werk, Ful strong it was of plate' (4, p. 504).

although there are a number of scathing portraits of supposedly celibate religious personages. His own religious ideal is the parson who lives close to his flock, shares their poverty, is 'to sinful man nat despitous' (4, p. 425), follows Christ's precepts himself before teaching them, and delivers a long sermon conspicuously free of hate.<sup>9</sup>

## VI

To this day, the Prioress's neurotic characteristics have not been discussed as such by any Chaucer critics or scholars. Were Chaucer's works an obscure literary antiquity this oversight would not be immediately important. But *The Canterbury Tales*, particularly, is widely read in high school and college literature courses and in the now almost universal 'Humanities' courses given to undergraduates. Therefore, it should be realized that Chaucer's characterization of the Prioress is not an 'affectionate . . . portrait' of a 'perfect lady' (5, p. 250). Resembling closely the findings of psychoanalytic investigators of modern anti-Semites, Chaucer's characterization illustrates rather Max Horkheimer's assertion: ' . . . attacks have been so stereotyped, they have always followed the same pattern so closely that one is tempted to say that though the Jews . . . are certainly no race, the anti-Semites in a way are a race, because they always use the same slogans, display the same attitudes, indeed almost look alike. This idea sounds like a joke, but is really not so much of a joke. Some preliminary psychological studies reveal that the character structures of anti-Semites are much more alike than the character structures of Jews' (23, p. 6).

Frenkel-Brunswik and Sanford report in their well-known study on anti-Semitic female college students that 'most girls in our limited samples of high extremes were very well groomed' (14, p. 102). Chaucer emphasizes the Prioress's great concern

<sup>9</sup> There are only three negative references to the Jews in *The Parson's Tale* (4, pp. 695, 696, 698); none are emphatic and two (4, pp. 695, 696) are in contexts which refer primarily to what is explicitly called worse behavior on the part of Christians.



with her appearance. Frenkel-Brunswik and Sanford observe: 'The surface of these anti-Semitic girls appeared to be composed and untroubled. They seemed to be satisfied with themselves and with their situation generally. Their behavior was conventionally decorous' (14, p. 103). Chaucer describes the Prioress as smilingly modest and quiet, and as taking great pleasure in being courteous. These same modern investigators found that their anti-Semitic subjects 'declared without exception that they liked their parents' (14, p. 103), but presented in their stories '... a great deal of material which lends itself to the interpretation that ambivalent attitudes toward parental figures are being expressed' (14, p. 112). Here too there is an important parallel to the Prioress.

Regarding the details of the stories told by their anti-Semitic subjects, Frenkel-Brunswik and Sanford note that 'a sharp differentiation is made between those people who are nice ... and those who are bad, sinister, morally depraved, and live in slums' (14, p. 107). They find too a constant emphasis on secret plots (14, p. 114); a preference for aggressive themes in which men are the principal victims (14, p. 105); a willingness 'to set down significantly more cruel and varied crimes and punishments' (14, p. 106); and generally a fantasy style in which 'aggression and sex ... appear in infantile forms, e.g., cruelty' (14, p. 109). Every one of these points can be applied to the Prioress. It is no surprise, therefore, to find that we can also apply to her Frenkel-Brunswik and Sanford's over-all description of their subjects as women 'who show a conventional feminine façade and underneath are full of aggression' (14, p. 121). Chaucer's deliberate correlation of an anal-sadistic, anti-Semitic fantasy with the Prioress's appearance and manners illuminates the profound insight of a great humanistic poet.

Although this discussion has used Frenkel-Brunswik and Sanford's distinction between 'puritanical' and Nazi anti-Semitism (14, p. 117) and confined its emphasis to the similarity of the Prioress's attitude and that of the modern 'puritanical' anti-Semite, there are, as Frenkel-Brunswik and Sanford point

out (14, p. 118), important resemblances between puritanical and Nazi anti-Semitism. Further correlations could also be made between the Prioress's neurotic characteristics and those of the Nazis (29, 31). In many instances Nazis seem to have been acting out fantasies not unlike those in The Prioress's Tale.

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# THE DREAM SCREEN IN AN ADOLESCENT

BY AARON H. ESMAN, M.D. (NEW YORK)

The parents of Tommy, a thirteen-and-a-half-year-old Jewish boy who suffered from chronic depression, obesity, recurrent impulsive aggressive outbursts against his parents, and poor school and social adjustment, sought treatment for him after his older sister was returned to a state hospital because of recurrence of severe psychotic symptoms. The boy's mother was a narcissistic, infantile, enormously obese woman who devoted most of her time to playing cards. She saw Tommy alternately as a source of gratification for her unfulfilled needs and as a source of profound narcissistic disappointment. The father was a depressed, bitter man, made almost inarticulate by his barely controlled rage which erupted primarily in repeated verbal threats to kill the boy.

About three months after he began psychotherapy, Tommy reported that he had gone with his father to a baseball game the previous Sunday. They had had little to say to one another, their principal communication consisting of Tommy's request for ice cream and his father's peremptory refusal to buy it for him. That night the child had the following dream.

I was sitting in a movie theater, or someplace. There was a sort of screen, and baseballs were coming out of it toward me. There was a man there who was catching the balls and deflecting them to everyone else, so I couldn't get any.

In a series of papers (4, 5, 6), Lewin has presented and discussed the concept of the dream screen; others, including Rycroft (7), Heilbrunn (2), Kepecs (3), and Garma (1), have confirmed and elaborated Lewin's thesis. The dream screen is conceived of as representing the most primitive infantile percept, the maternal breast-face

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From the Madeleine Borg Child Guidance Institute of the Jewish Board of Guardians, New York, N. Y.

The author expresses his appreciation to Charles Smith, Ed.D., for the report of the cited dream.



on which the manifest imagery is projected and at times specifically represented as the object of the dream wish.

The dream reported here appears to exemplify the dream screen concept in all respects. The day residue is an experience of oral deprivation in a profoundly orally fixated boy, in whom depression and overeating represent desperate attempts at restitution for gross early deprivations. The frustrating person in the dream is a direct representation of the reality figure. Aside from its obvious transference implications, the latent content of the dream appears to be: 'My father repeatedly deprives me of the breast and milk that I so desperately want. Only by directly representing the breast and its longed-for solace can I remain asleep.' Thus, the dream is seen to have œdipal and preœdipal content; it serves the oral regression that is the principal defensive measure at this boy's disposal against the intense rage evoked by the experience of deprivation.

The direct representation of the breast in the form of the dream screen is found in an orally fixated boy with an affective disorder that threatens to develop into a severe and chronic, perhaps, psychotic, illness. This case of a 'screen' dream in an early adolescent thus provides further confirmation of Lewin's pioneer observation.

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# A NOTE ON THE FEELING OF CONFUSION IN ANALYSIS

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This communication is in the nature of a short supplement to Bertram D. Lewin's paper, *The Nature of Reality, the Meaning of Nothing, With an Addendum on Concentration*.<sup>1</sup> Lewin noted that when the word 'confusion' was used as an analytic association it frequently referred to the female genital. In other patients, and particularly in phobists, a momentary *feeling* of confusion over an otherwise simple interpretation frequently leads to latent thoughts concerning the female genital and especially the denial of the implication of castration.

For a considerable period in her analysis, a middle-aged agoraphobic woman reacted to any interpretation or clarification with a feeling of confusion. Statements by the analyst evoked such responses as 'I'm confused', 'I can't see it', 'It doesn't make any sense', or, on occasion, an agreement followed by associations indicating complete misunderstanding. Yet this patient was well above average in intelligence, had a high degree of conceptual thinking, and a reasonably sophisticated understanding of analysis. It became increasingly evident that her responses were unrelated to the manifest content of the interpretations. Otherwise, she was a coöperative patient and the level of conscious resistance was generally low.

Significant historically was the fact that she was the only girl among six brothers, some older and some younger. The brothers were her only playmates until she began to go to school and, because of the relative isolation of her home, her afterschool activities continued to be with them for many years. From an early age she felt she was different from everyone else and that the rest of the family considered her incompetent, inferior, weak, and helpless. In fact she was a good student and, because she was a tomboy, could hold her own with her brothers. She recovered memories of becoming aware of the difference between the sexes when she attributed their imagined derogation to the fact that she was a girl. Coincident with this material she dreamed of having a secret phallus a foot and a half long.

<sup>1</sup> This *QUARTERLY*, XVII, 1948, pp. 524-526.



This patient's symptom of confusion was a repetition of the defensive maneuvers of the phallic phase, when she experienced as traumatic the discovery of the difference between the sexes. Regardless of its manifest content, an interpretation invariably carried the latent meaning of exposing her 'mutilated' genital. Primarily her defense was denial ('I can't see it') and significantly she kept her eyes closed when she was making such a statement. Another form of denial was being confused by what she saw ('It doesn't make any sense' = 'I deny that it means I'm castrated') or pretending to look but not really seeing ('I understand'), followed by some remark indicating a lack of comprehension. She frequently responded to an interpretation with another partial denial: 'You've opened up the wound but I don't see enough'. This clearly demonstrates the castration implication that an interpretation had for this patient.<sup>2</sup> In addition to the defensive function, the patient's symptom included a return of the repressed in the form of exhibiting her 'castrated' condition by appearing intellectually inadequate, and as incompetent and inferior as she had felt as a child. This exhibitionistic element also played a role in the dynamics of her agoraphobia.

<sup>2</sup> In a personal communication, Harlow D. Dunton described a phobic woman with a similar problem in whom the male voice of the analyst was sufficient to evoke a castration threat and to precipitate a similar type of denial.

## BOOK REVIEWS

BASIC THEORY OF PSYCHOANALYSIS. By Robert Waelder. New York: International Universities Press, Inc., 1960. 273 pp.

Through this integrated series of essays Robert Waelder hopes '... to combat widespread misunderstanding of psychoanalysis and thereby to help conserve what we have inherited; to see psychoanalysis in its context in the history of our civilization; and to help discover the most promising avenues of advancement'. The intention of offering a comprehensive survey of psychoanalytic theory is explicitly disavowed, and it is emphasized that only basic theory is presented, with 'some aspects of analytic theory, in particular the more abstract ones, not treated at all or treated in a cursory fashion'.

Even though this book expressly concerns basic theory, the careful reader who searches for details and implications beyond the fundamentals of psychoanalytic theory will be rewarded by the stimulating discussion of questions well beyond an elementary level. As a scientific logician and theoretician of broad background and perspective, Dr. Waelder does a service to psychoanalysis by bringing to the relatively uninformed reader, as well as to the theoretically-inclined and clinically-experienced psychoanalyst, an appreciation of scientific elements and logical operations implicit in the elaboration of a body of psychoanalytic theory that is sound and internally consistent. The author's interest in philosophical and scientific considerations which bear upon valid theory building is evident throughout the entire book. It is pointed out that Freud in some of his articles proposed theoretical formulations immediately referent to psychological facts and phenomena, but proposed others more speculatively, at a higher level of abstraction, which could not be so applied.

A book of essays on basic psychoanalytic theory that is not bound by formal structure and is not comprehensively inclusive has the advantage of flexibility. The author gains a certain freedom to select for emphasis and discussion those topics, concepts, and aspects of theory that especially interest him, and this may add to the originality of such a book and its appeal to the reader. It is particularly through discussions such as a critique of the dissident schools, a thoughtful and informative comparison between the physical sciences



and psychoanalysis as a discipline of the psychological and social sciences, a consideration of teleological thinking in biology and in psychoanalysis, comments on psychoanalysis and political ideologies, including a subsection on The Moral Problem of Psychoanalytic Treatment, among other topics, that this book is most stimulating to the reader who is already familiar with the basic definitions and theoretical concepts of psychoanalysis.

After an introduction, *The Validation of Psychoanalytic Interpretations and Theories*, the book is divided into two parts; the first, *The Historical Development of Psychoanalytic Thought*, and the second, *A Survey and Discussion of Basic Concepts*. In the chapter on validation the issues of subjectivity and psychological judgments are critically examined as they affect not only the so-called 'behavioral sciences', including psychoanalysis, but also the exact sciences. This illuminating comparison should help to dispel popular misconceptions and objections that psychoanalytic psychological propositions are unscientific as compared to the hypotheses of physics or chemistry which lend themselves to mathematical formulation. And in this regard, the introduction of a Pentathlon Theory to illustrate the hierarchical multivariable format of empirical factors behind psychoanalytic theory may, one hopes, also help to clarify matters for those who would exclude psychoanalysis from the broad body of verifiable science.

The first main section of the book, concerned with historical development, includes chapters on *The Fundamental Concepts*, *The Middle Years*, *The Later Additions*, and *Current Trends*. In a brief subsection, on *The Range of Psychoanalysis*, Freud's conservative statement of 1914 is recalled: 'Psychoanalysis has never claimed to provide a complete theory of human mentality in general, but only expected that what it offered should be applied to supplement and correct the knowledge acquired by other means'. Dr. Waelder apparently favors this position, for further on in a chapter on *Analytic Ego Psychology* he identifies psychoanalysis with the psychology of the unconscious which, 'for a comprehensive theory of the mind, has to be supplemented by the results from other sources'. Thus it seems that Dr. Waelder does not go so far as those psychoanalytic theorists who would define psychoanalysis as a general and genetic psychology of human behavior. To be sure, psychoanalysis as a science was in part a development incident to the

method of catharsis for the treatment of hysteria, as a result of which it was discovered that unconscious mental processes and inner conflict at an unconscious level are the determining neurotic factors. A psychoanalytic theory of neurosis was the outcome, taking form *pari passu* with the development of a psychoanalytic method of treatment. However, from almost the very beginning there were enormously important findings from normal life which also pointed to the existence of a dynamic unconscious and which contributed to a psychoanalytic metapsychology and theory of normal human behavior. Freud's supreme pioneering discovery, through his self-analysis, was the hidden wish-fulfilment in the dream. From his study of the psychology of the dream came his proposal that there are two modes of mental operation: the primary and the secondary process. Although Dr. Waelder has no intention of being comprehensively inclusive, his very limited discussion of dream psychology and his omission of a psychoanalytic theory of thought as it evolved from the early concepts of primary and secondary process is regrettable. Also, the concept of affects requires discussion beyond mere consideration of the two psychoanalytic theories of anxiety, for it is in the mainstream of psychoanalytic theory and is relevant to the basic theory of psychoanalysis.

Part Two, a survey and discussion of basic concepts, the largest section of the book, includes several chapters detailing the psychoanalytic theory of instinctual drives. The important distinction between *Trieb* and *Instinkt* is taken up, and an excellent survey is given of what is meant by the 'sexual drive' and 'destructive drive'. In considering the role of destructiveness and hatred in human behavior in general, Dr. Waelder considers the justification on social and psychological grounds of assuming an independent inborn destructive drive, as compared to attributing aggression to other sources, more or less as a secondary energetic product, perhaps on the basis of a differentiation of a libidinal urge, or as a by-product of ego activity. Dr. Waelder apparently favors the term 'destructive drive' or 'destructive instinct' over the term 'aggressive drive', which may have a more flexible and heuristic conceptual connotation. Furthermore, it seems that Dr. Waelder, in distinguishing between 'aggressive' manifestations as possibly emanating from other sources, and destructive aims, calling more directly for the assumption of an independent, innate 'destructive' drive, suggests a double source



of aggression. The term aggression possibly implies the quality of an act and perhaps of an energy; destruction implies an end goal, which is reminiscent of the speculative metapsychological connotation of the 'death instinct'. For example, is it not likely that a 'normal' or socially syntonic degree of instinctually originated aggression exists, which we term assertiveness, and which does not call for or even imply, as an instinctually determined ultimate goal, the destruction of the subject.

Further chapters in this part of the book take up the two theories of anxiety and the relation of anxiety to traumatic neurosis, the evolution of analytic ego psychology and the structural point of view, and some problems in psychopathology. A final chapter reviews Principles of Psychoanalytic Therapy. In a short postscript on The Value of Psychoanalysis, Dr. Waelder sums up, saying that 'psychoanalysis is, first of all, a venture in pure science'. He agrees with Freud that 'the most important applications of psychoanalysis will, in the long run, not lie in psychiatry, not in the treatment of emotional disease or emotional disequilibrium, but in education—in prevention rather than in cure'. Noting that 'human suffering has many roots in the human situation', he concludes with the possibility that 'psychoanalysis may turn out to have been a great civilizing force—the most hopeful, perhaps, in the long run, that entered our world in the last century'.

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SCIENCE AND PSYCHOANALYSIS, VOLUME IV. PSYCHOANALYSIS AND SOCIAL PROCESS. Edited by Jules H. Masserman, M.D. New York: Grune & Stratton, Inc., 1961. 196 pp.

The Academy of Psychoanalysis announces and demonstrates in this book that it is breaking into two parts, one wild and the other respectable. The President's preface comes out for 'dignified specialty' and against 'unstable and ambitious members', and the articles themselves alternate between these two groups. As one might expect, the wild members use Freud's psychodynamics to suit themselves; the respectables seem able to recall Freud's genetic hypothesis and the structural model based on it.

The schismatic contrast is mild at first, in the sociological section, but reaches real intensity in the psychoanalytic part. Thus, Kar-

diner's point of view is put into proper context by LaBarre. An article on Mexico by Parres and Ramirez, who follow Kardiner's ideas, is criticized by Harold Lief as naïve, inaccurate, and inadequate. A professorial article by Harold D. Lasswell struggles up to the conclusion '... that psychoanalysts have been less productive of affirmative conclusions to political science than the example of Freud might have led one to forecast', to which Bertram Schaffner retorts that political science may not really be the business of psychoanalysts, and confirms this by quoting the earlier Lasswell himself, '... the psychiatrist is stepping outside his specialist role if he matches over-all statements of preference with the legislator'. A contribution by Salo Rosenbaum on Acting Out is written with no mention of Kurt Eissler; he is reminded by Nathan Roth that much acting out during analysis can safely be permitted to run its course.

The fireworks begin on page 107 with this opening sentence: 'The purpose of psychotherapy, as of all other methods of healing, is the relief of suffering'—a dictum that has sold much aspirin. Jerome D. Frank's article, entitled Relief of Distress and Attitudinal Change, goes on for fourteen pages as if Pasteur and Virchow and Freud had never existed, deriving its authority from charts which quantitatively plot Mean Discomfort Scores. The discussion of Frank's paper by Dexter M. Bullard includes this dry judgment of the entire school of drugstore cowboys: 'It is not flattering to have it reported that placebos and psychiatrists are about equally effective in relieving distress. In fact, this could become a serious threat to the economic welfare of the psychiatrist. However, I believe we will be able to derogate the use of pills to the point where our formulations of therapy will so intrigue the patient's interest that placebos will become quite *de trop*.'

The most pretentious paper of the wild group is entitled An Investigation into the Nature of Psychotherapeutic Process: A Preliminary Report, by Norman A. Levy. The investigation was begun in January 1957 with full regalia of electrical and optical devices. It employed what must be the most dedicated group in the world of investigation today. Ten psychoanalysts, in groups of three, sat and looked at and listened to one of their number treating patients, for no one knows how many hours (we are told that two patients used



three hundred and two hours at last count), then prepared a work sheet whose time-consuming comprehensiveness must be read to be believed, and finally compared notes. Their conclusions turn out to be, according to George C. Ham, untrustworthy. 'It is hard to believe', says Ham in his scholarly and patient analysis of the procedure, data, and interpretations, 'that in a situation and experimental method of this complexity all observers, reacting to the same data, would independently arrive at uniform conclusions'. Despite '... a complicated multipersonnel and multiequipment technique to obtain recorded data according to strict criteria', that data and presentation are such that '... it [is] impossible to agree, to disagree, to arrive at completely different conclusions, or to evaluate the data in another manner'. In other words, a gaudy Hollywood stunt. 'The excitement is in the method of approach, ... the frustration is ... that others must take on faith the conclusions derived from the data by the experimenters'.

But not merely an inept and pompous advertising stunt, Ham continues, maybe a fake as well: 'Although the therapy is called "psychoanalytic psychotherapy" there are no data concerning dreams or their interpretation, nor of transference interpretations. Were these made and deleted from the report, or were they absent? There is no clear statement. There are statements that intellectual insights and genetic reconstructions were constantly made, but there is no evidence as to the manner in which this was done.' Hans H. Strupp, the second discussant of Levy's paper, repeats most of Ham's strictures. The third discussant, Judd Marmor, could reasonably be expected to answer these criticisms because he is also a member of the research team which produced the paper; but no, not a relevant word in response.

What is disappointing about this book is the lack of ideas that might affect psychoanalysis. Out of all these revisionists has come nothing to impel us to reformulate our hypotheses, simplify our observational schemata, or even tighten up our use of language,—influences which we welcomed when they were exerted on us by other groups, both psychoanalytic and extra-analytic. It may be that the Academy will complete its schism and become prepared to make contributions.

EDWARD E. HARKAVY (NEW YORK)

AN INTRODUCTION TO PSYCHOANALYTIC RESEARCH. By Kenneth Mark Colby, M.D. New York: Basic Books, Inc., 1960. 117 pp.

This small volume is addressed to the beginning investigator interested in the application of the methods of science to psychoanalytic research. The first half of the book covers some elementary principles of science. The latter half is concerned with psychoanalysis as science and with research in the analytic situation. There are brief discussions of the familiar criticisms of psychoanalysis as science—that it consists of uncontrolled observation and unrecorded observation, lacks qualification, experiment, control, follow-up, and confirmation; that its theories lack predictive value; that it has no rules of interpretation; that it employs obscurantist language. Other disciplines with possible relevance to psychoanalysis are briefly discussed—neurophysiology, ethology, psychology, anthropology, and communication theory—and there follows discussion of construction of theory.

Discussing research in the analytic situation, Colby emphasizes the necessity for psychoanalytic knowledge supplemented by research tools appropriate to psychoanalytic problems. The analytic situation as standardized, repeatable, and reproducible by multiple observers is discussed as a procedure for eliciting data that enable one to make reliable generalizations about human behavior. The essential variables of the analytic situation are divided into the following groups: setting, persons, collaboration, communication, and time (length, frequency, and number of sessions). As an example of research, the author raises a question as to whether the manipulation of these variables in systematic research would demonstrate whether they are really essential, or which are essential.

In the analytic situation, observer and observed observe one another observing. Each communicates with the other, makes inferences and inferences about inferences, and constructs hypotheses. And, the analyst, an observer, also observes himself.

Colby discusses the classification of facts on the basis of similarities, differences, and recurrences; the presence of a regularity, how regular it is, and the attempt to formulate a causal basis for the regularities observed. There follows a brief discussion of theory of probability.

Over-all, this volume accomplishes its goal of outlining in a preliminary way an approximation of some elementary principles of



science with the psychoanalytic method. There is an informally annotated bibliography for those wishing to pursue these issues in greater detail.

ARNOLD Z. PFEFFER (NEW YORK)

**EMOTIONAL MATURITY: THE DEVELOPMENT AND DYNAMICS OF PERSONALITY.** Second Edition. By Leon J. Saul, M.D. Philadelphia: J. B. Lippincott & Co., 1960. 393 pp.

Originally published in 1947, there is no essential change in the exposition of this second edition which is in clear, nontechnical terms. Thirteen supplementary pages offer a reformulation of psychodynamics. Topical subheadings under the original 1947 chapter titles have added little. Most important to this reviewer is the fact that, aside from brief references in the new preface, no meaningful bibliography has been added in the interim of thirteen years, a period of significant psychoanalytic refinement of ego psychology.

Saul, long known for his lucid expository style, his interest in preventive psychiatry, and his psychoanalytic collaboration with the original Chicago Psychoanalytic Institute, intended this book not only for psychiatrists but for 'all who deal with people and strive to make human life more livable'. Probably it is as timely now in a world of competition with missiles for space as after the cessation of World War II. Saul believes in expressing motivational forces in everyday language and has much to say on emotional maturity and its lack. He makes much use in his book of clinical interviews, particularly with victims of combat fatigue. The book strikingly resembles Grinker and Spiegel's *Men Under Stress*. The clinical interview seems to serve Saul as a miniature psychoanalysis; he places too much emphasis on the conscious aspects of ego functioning at the expense of exploring the unconscious aspects of the authoritative military setting. 'Hostility' is preferred to the aggressive drives as a central motivating force of personality. This preference infiltrates the author's concepts of maturity. Hostility is an evidence of immaturity and is largely a matter of poor upbringing of children. The insights of military neuropsychiatry therefore lead Saul to exhort us to seek what we should now call corrective emotional experience in family life; this experience can, he optimistically believes, bring a good, essentially nonhostile, mature world. Saul expresses his moral

when he says, 'I think there is only one true aristocracy, and that is an aristocracy of maturity—without pride . . .'.

Lawson Lowrey in the *New York Times Book Review* said of the 1947 text, 'The book is overweighted with psychoanalytic reconstructions by comparison with the rich material available from studies of children and their families . . . and the neuroses as they appear in the process of development'. To this I would add that Mahler's studies of differentiation of the child-mother relationship, Anna Freud's formulations of lines of development, and Spiegel's contributions to the study of family interactions make it evident that the second edition might well have undergone considerable revision.

In summary, I believe that Saul's 1947 vintage has not improved with the passage of time. It is primarily a simplified concept of personality, an exhortation to improved group ethics, and it does not reflect growth in the application of psychoanalytic concepts to education and the social sciences. It in no way serves as a primary or supplemental text for teaching psychiatrists, psychologists, or social workers.

MAURICE R. FRIEND (NEW YORK)

UN CAS DE PSYCHOSE INFANTILE. ETUDE PSYCHANALYTIQUE (A Case of Infantile Psychosis. A Psychoanalytic Study). By Serge Lebovici and Joyce McDougall. Paris: Presses Universitaires de France, 1960. 483 pp.

The paucity of complete psychoanalytic case histories is as striking as it is regrettable. In fact, one can say that since Freud no full psychoanalytic observations have been published. The 'complete' case history published by Otto Rank was limited to a sequence of dreams and was clearly biased, owing to the wish of the author to demonstrate his newly evolved theory of the birth trauma. Therefore, the recent appearance of two extensive records of psychoanalyses of children, one the subject of the present review, the other a report by the late Melanie Klein, must be heralded as an important event in the development of our science.

The present volume, though containing no less than four hundred seventy pages, is still only a fragment. The treatment of Sammy could not be completed since his parents returned to the United States, where the child was placed in Dr. Bettelheim's Orthogenic



School. The volume consists of three parts. The first contains a general outline of psychosis in children with historical and clinical considerations serving as an introduction to a psychoanalytic study of structure, symptomatology, and therapeutic technique. The second and main part consists of the record of one hundred sixty-six psychoanalytic sessions with little Sammy, a schizophrenic boy of nine and a half, referred to the author by Dr. Margaret S. Mahler. Every session is followed by comments and discussions supplied by both authors (analysis was carried out by the woman analyst). In the next part we have a fragment of analysis of the patient's mother which was carried out by the same analyst a few months after the departure of the little patient. Finally, the last brief chapter contains a follow-up on Sammy and his development in the Orthogenic School.

It is not possible in a brief review to do justice to a volume as rich and rewarding as this one. The clarity of interpretations is matched by a sovereign understanding of the conflicting forces and of the structure of the psychoanalytic situation at every moment of therapy. The impact of psychoanalysis, specifically of transference and interpretations, on the interplay between the drives and the defenses, is demonstrated with unsurpassed lucidity.

The heuristic, scientific, and didactic value of such a presentation is obvious. The reader can watch the defensive struggle of the ego against the whole range of primitive drives almost as in a laboratory. The poignancy of this unique spectacle is enhanced by three important factors. 1. In view of the psychotic condition of the little patient, the drives in question are archaic, with such primitive mechanisms as aggressive fragmentation and partial incorporation, projective identification and animation, including animism, playing a significant role. 2. The ego of the patient, with his precocious development, allows for unusually articulate formulations of insights attained in the course of analysis. 3. The tact of the analyst and the sureness of her judgment provide a particularly valuable basis for dynamic and structural interpretations and formulations where the subjective factor of the observer is held to a minimum degree of interference. Most instructive are observations regarding the ways in which the infantile ego deals with anxiety. The libidinal and aggressive investment of external reality and of cognitive processes is demonstrated with dramatic poignancy.

Thus, the volume abounds in valuable theoretical and technical

formulations and is rich in suggestions to be further explored and developed. This reviewer found particularly interesting the suggestions pointing to elements of future delusions and possible adult psychotic developments. What the French authors call prepsychotic corresponds to a considerable degree to the concept of latent psychosis which this reviewer has developed in his own publications. He fully subscribes to the structural point of view as the necessary basis for the understanding of 'prepsychosis'.

Of no less interest are suggestions relating the infantile psychosis to future perversions and such neurotic developments as, for instance, 'obsessivisation' and hypochondria.

At the end of the volume we are treated to an outline of the psychopathology of the mother as it emerged from her own brief psychoanalysis. This serves as a basis for a most interesting attempt at correlation between the structures of the egos of mother and child. Such a detailed parallel illuminates the relevance of the ego distortion and distorted object relationships of the mother for analogous developments in the child.

A translation of this volume would be of great service to the profession.

GUSTAV BYCHOWSKI (NEW YORK)

PREVENTION OF MENTAL DISORDERS IN CHILDREN. Edited by Gerald Caplan, M.D. New York: Basic Books, Inc., 1961. 425 pp.

This volume is a collection of sixteen original papers devoted to The Prevention of Mental Disorders in Children—the theme for the Fourth International Congress of Child Psychiatry to be held in Holland during the summer of 1962. The authors concern themselves with *primary prevention*, defined as 'the promotion of mental health and the lowering of the risk of mental disorder in a population of children by interfering with pathogenic forces within the children and their biologic, psychologic, and social environment before the appearance of identifiable pathology'.

Three of the papers attribute a wide range of neuropsychiatric disturbances, such as mental deficiency, cerebral palsy, reading disabilities, and tics, to various prenatal and perinatal factors like nutrition, physical illness, and birth injury. Pasamanick and Knobloch, in one of these papers, offer the interesting but questionable



hypothesis that the adverse psychologic effects of hospitalization may not be simply the result of maternal deprivation; they suggest that the adverse effects of hospitalization are shown by brain-injured children as a consequence of their lowered threshold to stress.

A series of papers deals with the implications of interpersonal relations within the family and methods of influencing the parents in order to prevent mental disorders in their children. Of particular interest in this group is Brody's paper on the intervention with mothers in the management of early infantile disturbances. She emphasizes the importance of observing the mother's response to phase specific needs of her infant as the best means of predicting her general influence on his development. Case material of infants ranging from two months to three years is presented. As a result of intervention in the mothers' handling of their infants, it was possible to resolve relatively quickly acute disturbances which, if left unresolved, might well have served as a nucleus for later pathologic development. Brody points to the necessity of training professional personnel to provide expert help to mothers within the settings of the well baby clinic, pediatric practice, and nursery school, in an attempt to ensure that a proper balance is maintained between the gratifying and frustrating experiences to which the children are exposed. Richmond, Lipton, and Rose discuss the necessity of training pediatricians in the psychological aspects of the management of children, as well as the problems involved.

Five papers deal with the psychosocial implications of situational and maturational crises in the development of children and methods of intervention in such crises. Lindemann's crisis theory, with some modifications, is utilized. According to this model an individual is usually in a state of relative equilibrium with his milieu, but when he is incapable of solving the problems brought about by his life situation, his homeostatic equilibrium is disturbed. The more or less protracted period characterized by unpleasant inner tension and behavioral disorganization which ensues is termed a crisis. The individual then mobilizes his resources in an attempt to cope with the problem and re-establish his equilibrium. If the solution is adaptive it will result in growth; if nonadaptive it will result in a shift to a less healthy position. The theory makes little attempt to account for the fact that many persons find themselves in repetitive crises because of internal compulsive drives which do not tend

to yield to supportive and manipulative measures. In addition, the situational crises chosen for study are relatively narrow when contrasted with the range and complexity of such crises uncovered in clinical practice.

The papers offer little that is new to the psychoanalyst. The meagerness and embryonic nature of the concrete proposals offered serve to underscore the urgent social need for much more thought and work in the field of the prevention of mental disorder.

HERMAN ROIPHE (NEW YORK)

GROUP PSYCHOTHERAPY WITH CHILDREN. *The Theory and Practice of Play Therapy.* By Haim G. Ginott. New York: McGraw-Hill Book Co., Inc., 1961. 208 pp.

Ginott, formerly chief clinical psychologist at the Child Guidance Center in Jacksonville, Florida, has attempted to write a textbook of group play therapy in which are discussed the theory and rationale of this technique, the empirically-determined best composition of a group, the age range and diagnostic qualifications of participants, and optimal conditions and equipment of the setting of treatment. This kind of therapy has, it seems, been little practiced and studied but the limited experience that seems to exist in this field the author makes up for here, in part, by his intuitive understanding of children in general and his sensitivity and common sense in dealing with school-age children in particular. Unfortunately this rich store of personal knowledge has been pressed into a theoretical framework (based primarily on the work of Slavson and the non-directive school) that does not seem to fit. According to Ginott, a therapeutic process necessarily consists of the following steps, in this order: establishment of a therapeutic relationship, evocation of catharsis, derivation of insight, followed by reality testing and the development of sublimation.

Catharsis is not much good to begin with, especially catharsis that precedes insight. Although it has been recognized for some time now as a hurdle rather than a help in the resolution of conflicts, catharsis is emphasized in this book as a curative device. Not so the resolution of conflicts. Actually one wonders whether the author does himself justice. Although he does not use the term transference, he recognizes



and occasionally deals with it. Moreover, he describes in his vignettes of behavior of children in groups a phenomenon by no means cathartic but rather resembling confrontation. The following examples may serve to illustrate:

Linda: 'You boss too much.

Horty: 'No, I don't.

Linda: 'Yes you do. Listen how you talk. You talk like a teacher!

Do this, do that. You better stop being so bossy.'

Horty had no answer. She retreated to a corner of the table and painted in silence for a long time. Suddenly she turned to Linda and said, 'Am I really so bossy?' (p. 11).

Margie: 'Do you want to be a tomboy?'

Pat: 'No!'

Margie: 'Then why do you act like a tomboy?'

Pat was surprised by the intensity of the attack and started to cry (p. 12).

The therapist's reaction to this episode, 'You are very unhappy, you want them to like you . . .', was undoubtedly kinder though less effective.

Confrontation and revelation of defensive mechanisms, and the recognition of their obsolete nature, are however not part of the therapist's plan. Instead he aims at 'sublimation' of impulses which he sees as alterable but ever present, not vanishing with the resolved conflict. The book shows that the mutual effect of disturbed children in small play groups under the protective supervision of a trained adult deserves to be studied carefully and may well be of therapeutic importance.

MARIA W. PIERS (CHICAGO)

LANGUAGE AND THE DISCOVERY OF REALITY. A Developmental Psychology of Cognition. By Joseph Church. New York: Random House, Inc., 1961. 245 pp.

Church tells us that his book 'is about the way human beings in the course of growing up come to discover reality'. His focus is on the acquisition of language, for 'central to the individual's grasp of reality is the use of language and symbols'. He does not quite succeed in his objectives. The book provides a valuable summary of current psychological writings on perception, cognition, thought,

and language, with emphasis on developmental aspects. The changes in perception, thought, conceptualization, and the use of language which occur as development proceeds are described clearly, but how these lead to the 'discovery of reality' is not made clear. The last is, after all, a philosophical question and the author decides early in his book to dismiss philosophical questions in cavalier fashion as metaphysical and unnecessary.

The psychoanalyst will agree with the author that language 'opens up new orientations and new possibilities for learning and for action' but whether it 'dominates' preverbal experience is an open question. His concept of 'the verbal organism' is an illuminating one but it is incomplete; unconscious factors seem not to exist.

An occasional phrase indicates that Church is aware of psychoanalytic writings on his subject but he does not bring them directly into his discussion, nor does he seem to understand them. For instance, a section on 'verbal realism' which the psychoanalyst recognizes as the familiar phenomenon of the magical use of words has no reference to psychoanalytic writings on the subject. The author discusses the 'progressive internalization of one's own functioning and feeling, together with the systematization of the outer world' which he sees as a process that is 'largely a matter of language'. There is not a word about the considerable psychoanalytic writings on introjection, internalization, and identification—which would, I believe, strengthen the author's argument and round it out.

There are, of course, passing allusions to unconscious mental activity as in every modern psychological book or article, but not in the psychoanalytic sense of repressed forces in dynamic conflict. Rather, they appear only in the descriptive sense of 'not in awareness'. The implication is that only will and language are needed to make conscious what is unconscious.

The author contends that 'full consciousness of reality is possible only to the extent that it has been verbalized'. This statement, despite its aphoristic quality is, it seems to me, not as self-evident as it appears. There is still much to be learned about unconscious thought processes and unconscious fantasy in human psychic functioning, which we assume to be nonverbal. We do not know enough about these processes to understand their role in evaluation of reality, but it does seem that the problem of unconscious mentation has so far been explored mainly by psychoanalysts and may in future



remain a problem for them and for analytically trained psychologists.

The neglect of unconscious factors leads Church to some conclusions that psychoanalysts will question. He says, for instance, that the 'capacity for knowing, containing and controlling feelings depends on verbal resources for thematizing' and, further, that 'it is clear that self-control and self-direction vary directly with verbal maturity'. These conclusions are not, I venture to say, validated by psychoanalytic clinical experience. The author's orientation is perhaps best indicated by a summary statement in his last chapter. He says: 'We must recognize four levels of psychological causation. Behavior can be set off by spontaneous physiological conditions within the body, by changes in the metabolic environment, by meaningful stimuli, and finally, by the conscious, sentient, verbal organism itself.' About unconscious forces there is not a word.

Psychoanalysis has as yet no adequate theory of the development, pathology, and function of language, but there are many valuable contributions to the subject by psychoanalysts. It behooves the non-analyst to be familiar with these writings just as it is necessary for the psychoanalyst to learn of the nonanalytic work so well described in this book.

DAVID BERES (NEW YORK)

LEONARDO DA VINCI: PSYCHOANALYTIC NOTES ON THE ENIGMA. By K. R. Eissler. New York: International Universities Press, Inc., 1961. 375 pp.

Freud's article on Leonardo has remained a classic in the application of psychoanalysis to aesthetics and pathography. Even now, after fifty years, one reads and re-reads it with fascination, though it rarely serves any longer as a model for analytic contributions in these fields. Psychoanalytic theory and methodology, as well as the scope of their application to allied disciplines, have naturally evolved. K. R. Eissler believes, however, that Freud's approach was inherently correct and that critics have missed the essence of his contribution. Granted that the facts about the artist's childhood were meager, that a key determinant in the reconstruction of his infantile experiences was unwittingly distorted (the kite of his screen memory that was transformed through verbal black magic into a vulture), and that more recent data will suggest different

conclusions (such as actual rather than latent homosexuality), the aims and hypotheses of Freud are still valid. This Eissler undertakes to demonstrate in a revised analysis of Leonardo that utilizes ego psychology and takes into consideration recently uncovered facts as well as a more extensive examination of his interests. The result is a scholarly, beautifully illustrated book that will assuredly bring insight and pleasure, if not always agreement.

How successfully (albeit skilfully and even passionately) Eissler presents his thesis must of course be a matter for individual judgment. Much of the discussion depends upon his own concept of genius and employs a method of deductive reasoning ('the concurrence of disparate subjects') that has yet to establish itself as a substitute for clinical methods of validating an interpretation. Critics of Freud (such as Meyer Schapiro) receive rather short shrift, sometimes on the ground that they do not understand psychoanalysis (an argument not without *ad hominem* potentialities) and sometimes by meeting them as an expert in their own specialties, a venture in which few analysts will feel as well-qualified or courageous as Eissler. The results are most to be regretted where they lead to the conclusion that psychoanalysis and art history 'cannot come to terms at present'.

One must wonder therefore what audience the author had in mind, since opposition is equated to such a degree with resistance and conviction with the outcome of a successful analysis. If persuasion of the sympathetic but not fully analyzed reader is intended, does Freud's Leonardo provide the most convincing specimen of applied psychoanalysis that can be presented? If it is a matter of personal loyalty to Freud, is it fair to suggest that his scientific side should be judged by this work? A most authoritative critic denies this: 'As a matter of fact, [Leonardo] is partly fiction; I wouldn't like you to judge the trustworthiness of our other discoveries by this example'.<sup>1</sup> Freud, as Jones, Eissler, and others have demonstrated, invested countertransference interests in the versatile genius of another era and voluntarily permitted pleasurable fantasy rather than science to take the lead at certain points, some of them crucial. Analytic validity has always been particularly dependent upon the resolution of the countertransference. Fortunately, this did not

<sup>1</sup> Freud, Ernst, Editor: *Letters of Sigmund Freud*. No. 168: New York: Basic Books, Inc., 1960.



deprive us of the Leonardo, seen in proper perspective, nor of the stimulating and valuable emendation, dedicated to the memory of Ernst Kris, that it has now inspired.

MARK KANZER (NEW YORK)

**CREATIVITY AND THE INDIVIDUAL.** Summaries of Selected Literature in Psychology and Psychiatry. By Morris I. Stein and Shirley J. Heinze. Glencoe, Ill.: The Free Press, Inc., 1961. 428 pp.

The increasing importance of the subject of creativity for economic survival is attested by the fact that this book is a publication of the Graduate School of Business of the University of Chicago. It is an annotated bibliography of selected articles, books, and monographs related to the subject indicated by the title.

The book is divided into the following sections: 1, Criteria of Creativity; 2, The Creative Process, both general and with subdivisions in specific fields; 3, Heredity; 4, The Nervous System; 5, Age; 6, Early Experience; 7, Religion; 8, Cognitive Factors; 9, Personality Characteristics and Motivational Factors; 10, Psychopathology; 11, Statistical Studies; 12, The Stimulation of Creativity (pedagogical considerations); and finally 13, a chapter on Symposia and Surveys of the Literature.

The time covered ranges from the historical landmarks of psychological literature, such as Galton's work on Heredity in Genius (1870), to contemporary contributions. The bibliography, as the authors freely acknowledge, is far from exhaustive. Significant articles have been chosen from a wide variety of psychological schools and points of view. There is a fair sprinkling of psychoanalytic references. The reviewer might complain not about those that are included but about the exclusion of others. However, in such an ambitious project one must be modest in one's demands.

It is difficult to gauge the quality of the summaries, some of which are mere annotations, as the subtitle implies, while others are fairly complete abstracts of the papers cited. Where the reviewer is familiar with the original work he finds that the summaries are accurate and give a good idea of the authors' major purpose.

A bibliography such as the present one has a potentially large area of usefulness for those who are engaged in some aspect of the study of creativity or special abilities. Wherever selection takes place

it is obviously limited by the selector's point of view, judgment, and the historical perspective with which he operates. If a compendium such as this one is to be more than a mere listing of references, however, it is obvious that some selection is inevitable. It must also be conceded that any such process of choice will involve disagreement as a necessary consequence.

Bibliographic studies also require periodic addenda and revisions which bring them up to date. In the present work this will require not only the selective addition of current work but also retrospective re-evaluation of the selections made in previous issues in the light of changing concepts and the emergence of new and more significant ideas.

The authors should be congratulated for their industry and in spite of a plethora of 'yearbooks' and 'annual reviews' the importance of this special topic makes it worth while for a periodic annotated bibliography on 'creativity and the individual' to become an institution.

VICTOR H. ROSEN (NEW YORK)

THE SPRINGS OF CREATIVITY. By H. Westman. New York: Atheneum Publishers, 1961. 269 pp.

This work is intended to contribute to the problem of origins of artistic creativity from the standpoint of the Jungian school of psychology. It is well printed and lavish with illustrations, for the most part from works of art that illustrate episodes in the Bible by formerly little-known medieval Jewish artists.

The book, divided into three parts, consists of 1, a general discussion of Jungian psychology; 2, a commentary on various episodes from the Bible (notably Genesis, Cain and Abel, Akedah, the Book of Job, and Jacob and Esau); and 3, the case history of a patient, a girl artist, with notes concerning her therapy and her drawings and paintings.

An excessively large number of quotations from literary and religious works, ranging from the Sumerian period to the present, but for the most part from the Bible, confuses the continuity of the book. Starting from the questionable assumption that modern science could not have been developed without the stimulating effect of Christianity, the author indicates that the Middle Ages, the



'age of faith', was in many ways superior to the present: 'The Middle Ages were far from ideal but even so it seems to have been the time when Western man came as close as he has ever come to a condition in which he could bring the full meaning of his gifts to bear upon the instant'.

The psychological section of the book is naïve and lacks organization. There is no adequate discussion, indeed no apparent concepts of psychic structure, instinctual drives, or defense mechanisms, but rather a verbose and vague discussion of the importance of 'self-knowledge' and of what the author calls anxiety and identification. The latter term is used either as the attainment of an identity or refers to the psychological mechanism of identification. Anxiety is described as being 'another of the psyche's natural modes of action'. In Jung's psychological theories, the so-called 'archetypal heritage' relates to his concept of the 'collective unconscious' and is given major importance. The author, like Jung, believes that these 'archetypes' regulate and stimulate creative fantasy activity. Nowhere is there a systematic or comprehensible description of archetypes which are evidently classes of symbols believed to be derived from the 'collective unconscious'. There is, however, some conception, though vague and imperfectly described, of the roles of anxiety and symbolization in psychic development. There are traces of a topographic approach in that the existence of an unconscious portion of the psyche is occasionally mentioned but there is no evidence of an awareness of a psychic structure. Dynamic and economic considerations are ignored altogether.

The chapter in Part One entitled *What is Psychotherapy?* does not describe what psychotherapy actually is. The psychotherapeutic techniques employed demonstrate a lack of familiarity with and understanding of psychotherapeutic procedures. For example, patients are given books to read and are shown the art productions of other patients, interpretations are made without evident reference to the material of the hours, and manifest dream content is directly interpreted without associations.

In the last section of Part One, *The Golden Calf*, Westman proposes the thesis that the basic tenets of psychotherapy can be encountered in the Bible. In the opinion of the reviewer, the material does not warrant this assumption. The author's discussion of dreams and their symbolism is superficial and undynamic. He refers

to what he considers to be a category of dreams whose content he calls 'transpersonal and archetypal' which have no relation to the past experiences of the patient and which 'spring out of that region of himself where he is directly related with Being'.

The longest section of the book is devoted to the Bible, where the author believes there is to be found 'a reliable natural history of man's progress through the inner world, a sound pattern of growth from the state of Genesis, when there was nothing but something nebulous, to the state of wholeness and the experience of the psyche as a totality in and of itself'. This he feels is to be found in the Bible '... from Genesis when God said, "Let there be light", to Golgotha and the Resurrection'. The question may be asked why the Bible, this 'collection of Jewish family history' as Barbara Tuchman calls it, should be referred to as containing the origins of psychodynamics and psychotherapy and an authority in these fields. That familiar human psychological mechanisms can be detected in the Bible, as in other literary works, proves only its humanness. Westman may be displaying his need to refer to authority, preferably divine, in order to feel more secure. One gains the impression that he endeavors to compensate for the lack of meaningful psychological data by seeking refuge in Biblical quotations, the relevance of which are somewhat obscure. One is reminded of the strenuous efforts of investigators of earlier centuries to render their hypotheses acceptable to themselves and to others by locating apparently relevant passages in the Bible. By this means their guilt feelings, arising from their penetration into the secrets of nature and their search for hidden knowledge, were assuaged while, at the same time, they secured acceptance from the multitude and avoided the dreaded punishment of isolation and condemnation, always the fate of true innovators.

The subject of creativity is nowhere dealt with systematically; the few references to the subject are vague and naïve. No contribution is made to the problem of the origins of artistic creativity and the author ignores all of the important contributions and insights offered by psychoanalytic research on this subject. No mention is made of the important contributions of Freud, Kris, or Kubie to an understanding of creativity, nor is there any reference to the recent light thrown on this subject by studies of preconscious influences on artistic creativity. The one reference to Freud is to the



brief paper, *Psychoanalysis and Religious Origins*, originally written as a preface. For the author, creativity is, in essence, derived from divine sources and he seeks evidence for this view in the Bible, and in vain.

The last section of the book consists of the case history of a psychotic girl and a consideration of her artistic productions in which marked psychiatric naïveté is demonstrated. The case history is introduced as follows: 'The patient is on the borderline of a psychotic break which, should it occur, would probably be manic and severe in nature. There is evidence of marked paranoia and of being a split personality from early childhood.' An inadequate report of psychological testing indicates severe psychopathology with strong suggestions of schizophrenia. The author does not believe the patient psychotic, but without question the material indicates schizophrenia and her art productions are characteristic of the works of psychotic artists. This patient was seen in therapeutic sessions once a week during the first six months and twice a week during the following year. The author states that some improvement apparently occurred, as demonstrated by some clinical change as well as a change in the psychological tests, and he feels that the change in her artistic productions also parallels her clinical improvement. The reviewer thinks this questionable since her final artistic productions still show characteristics commonly demonstrated in the art productions of schizophrenic individuals. The psychological report cautiously notes that 'she will still need several years of therapy'.

The description of the psychotherapeutic technique employed contains only vague references to the dynamics of the transference or to the effort to secure ego integration through the resolution of pathological defenses. Interspersed with the case history are further quotations from the *Enuma Elish*, the Babylonian epic of Tiamat, and illustrations of the paintings of Hieronymus Bosch and the Kennicott Bible which do not appear helpful or appropriate.

This book might serve as an example of an author's withdrawal from the scientific search for some solution to the problem of artistic creativity into pseudoscience. With the help of meaningless pseudoscientific jargon, Westman endeavors to conceal his actual regressive surrender of independence in his search for the authority of an omnipotent, omniscient father in the Bible whose pronounce-

ments are used as explanations in order to avoid the dangers inherent in independent search and research.

MAURICE N. WALSH (BEVERLY HILLS)

THE FIRST FIVE MINUTES. A SAMPLE OF MICROSCOPIC INTERVIEW ANALYSIS. By Robert E. Pittenger, M.D., Charles F. Hockett, Ph.D., and John J. Danehy, M.D. Ithaca, N. Y.: Paul Martineau, 1960. 264 pp.

This fascinating bidisciplinary study applies anthropological linguistic analysis to the first five minutes of an initial psychiatric interview, the first interview reported in *The Initial Interview in Psychiatric Practice* by Gill, Newman, and Redlich.

The pages are cut horizontally. The upper parts present a *transcript* of the interview, as a stenographer would take it down. They also present a *transcription*, all the audible items that ordinary spelling omits: pronunciation, intonation, location and duration of pauses, sighs, gasps, coughs, and the like, and also rate, register, volume, and tone quality. The lower halves of the pages contain the analysis, particularly of the transcription. This is a new way of promoting scientific understanding of the nonverbal elements of communication, the 'paralinguistics' (which of course are in part linguistic). This work will undoubtedly be welcomed by the psychoanalytic psychiatrist. He hears much about nonverbal communication, whether through actions and movements (kinetics) or in qualities of verbal delivery; but he had best stay on his own solid ground of content, dreams, and common elements in associations until he has enough knowledge of nonverbal communication to use it with sureness. The book shows very clearly how much must be learned and formulated and how much training will be required to use it for understanding the patient and for treatment.

The authors undertook this high-magnification microscopic study as an experiment and were rather surprised when it yielded some suggestions of general principles. These are not new, but they are expressed in a rather novel way, and they are valuable in several ways. They confirm some other kinds of expression of unconscious motivation. Some of the principles discovered by the new method may be summarized more or less as follows.



1. Immanent reference: people are always communicating about themselves in an immediate context, even when speaking of other subjects.

2. Determinism: 'Cultural determination is very close-grained'. . . . 'Nothing never happens'—which is to say that even silence is a special kind of communication.

3. Recurrence: communicative patterns recur, but may be masked by the context.

4. Priority of interaction: for practical purposes the 'mind' of a person is the totality of his communicative habits.

The chapter on Practical Applications is not meant to suggest substitutes for the therapist's present skills but to show a possible way of deriving further information from the same data. This involves attention to such characteristics as unexpected distributions of stress, abandoned directions of statement, variations in smoothness of delivery, and volume, register, tempo, and voice quality.

The whole book is gratifyingly scientific in approach, design, logic, and conclusions. It serves to instruct and alert the practitioner to the fascinating unconscious side-conversation that goes on as the patient talks in his paralinguistics.

LEON J. SAUL (PHILADELPHIA)

DESIGN FOR A BRAIN. By W. Ross Ashby, M.D. Second Edition. New York: John Wiley & Sons, Inc., 1960. 286 pp.

Three books by Doctor Ashby constitute a logical and sequential development of his own thinking. At the same time they parallel a critically important development in our conception of the nervous system and its relationship to behavior and to psychological processes. In 1952, the first of the three was the original edition of this book. Its goal then was to reconcile the fact that although the nervous system is a constant mechanism it can nonetheless produce variable behavior. Ashby points out that it is this that differentiates the brain as a machine from any other machine.

Between the first edition and the present one, there have been other important developments in our knowledge of the brain and its action. These have involved an understanding of the role of reverberating circuits and of information theory. The latter led to the realization that the nervous system is not a mechanism which does

work in the ordinary sense, but rather a mechanism which can receive, store, and transmit information by means of devices long familiar to the communications engineer under the term 'coded signals'. And because this information can be transmitted in reverberating circuits, the output can become part of the input, to exercise positive or negative corrective or distorting influences on central action while playing an important role in maintaining the continuity of its activity. Ashby developed this in a book called *Introduction to Cybernetics*, which appeared in 1958, followed by this second edition of *Design For A Brain*, in which he attempts to integrate into a unit the mathematical formulation of his first book, information theory, and cybernetic concepts.

The reviewer cannot pretend to be competent to evaluate the mathematics of this volume. Furthermore its importance is independent of rightness or error in specific details. It is important because it represents a departure from the conception of the nervous system which dominated the thinking of neurology, psychology, psychiatry, and psychoanalysis at the turn of the century and from which we are slowly emancipating ourselves. In those days everyone had to work with the only models then available. These were so taken for granted that it was not even realized that they were models, and inappropriate ones at that: the wheel, the lever, the machine that amplifies the power of man's muscles, the physical reactions in the steam engine which substitute the expansile thrust of steam for muscular power, the current of electricity which seemed at that time to flow through solid tubes like a weightless and invisible fluid. (This model was drawn from hydraulic engineering.) Out of these the 'economic' aspects of freudian theory were built. But we must now turn our backs on that misconstruction. Ashby, Gray Walter, McCulloch, and others—some friendly to analysis and others hostile—are pointing out the way in which our understanding of the psychophysiology of behavior and of psychological processes must evolve.

Like everyone else who hopes to deal with the activities implemented by the nervous system, the psychoanalyst of the future will have to be highly trained in mathematics, in electronics, and in neurobiochemistry. Otherwise his theoretical and technical efforts will fail to take into account many essential characteristics of the nervous system.

The table of contents of Ashby's book will warn the reader that



he must learn not only a new discipline but also a new vocabulary, one which is at least as complex, as idiosyncratic, and as neologistic as is the language of experimental neurophysiology, neurobiochemistry, psychiatry, and psychoanalysis. If he finds that he is angered by this challenge, this should serve to increase his tolerance for the anger which these same colleagues feel toward analytic neologisms. He will have to set himself to the task of learning what is meant by such terms as stability, local stability, ultrastability, and multistable systems. And he will have to understand what feedback means, and levels of feedback, accumulative adaptation, habituation, and amplifying adaptation. There are more; but these may be enough to challenge some at least to climb this difficult mountain for the sake of a new perspective over a familiar terrain. It is for this that everyone who works in the field must feel indebted to Doctor Ashby, whether the worker in the psychological vineyards understands Ashby in part, in whole, or not at all.

LAWRENCE S. KUBIE (TOWSON, MD.)

THOUGHT REFORM AND THE PSYCHOLOGY OF TOTALISM. A Study of 'Brainwashing' in China. By Robert J. Lifton, M.D. New York: W. W. Norton & Co., Inc., 1961. 510 pp.

Lifton has written a fascinating social study of the effects of 'brainwashing' in a Chinese communist prison. He uses the case method, quite new to historians apparently, which allows him to reach out from the individual experiences to the society in which they occur. The case histories fill the first part of the book. A short history of totalism and thought reform, especially in China, fill the second.

For anyone familiar with Orwell's 1984, the case histories have a fantastic familiarity. To this reviewer the most important psychological contribution is the apparent fact that when enough pain is used over a long enough period of time, the victim ends with a benevolent attitude toward the persecutor. Orwell ended his novel: 'He loved Big Brother'. But the knowledge of individual psychology and the understanding of the power of guilt, perverted and manipulated in ways similar to those used by many religious sects, are remarkable demonstrations of the intelligence of the enemy and of his psychological sophistication.

The three chapters on cultural perspectives are particularly en-

lightening. The skill with which the communists attune their doctrine to the psychological set of their subjects is a tribute to the care they take in psychological subtleties which can make or break a movement.

It is too bad that Lifton's analytic training does not show more clearly in his writing. Whether it would have made his book a better one is questionable, but it would have made it a different one. For instance, the reviewer regretted the omission of comparison of child-rearing to brainwashing; child-rearing must certainly be the model and the closest possible analogy. The fascinating follow-up studies of the prisoner victims are in themselves a remarkable contribution, but the case histories and the follow-up observations might have been sharpened with analytic insights.

Nonetheless, this is a fine book, on a topic of great importance. It is authoritative and based on a painstaking study of the Chinese culture and of the victims of thought reform. It is highly recommended.

DOUGLAS D. BOND (CLEVELAND, OHIO)



## ABSTRACTS

*International Journal of Psychoanalysis*. XLII, 1961.

**Free Association: Conceptual and Clinical Aspects.** Leopold Bellak. Pp. 9-20.

For several years the author has concerned himself with reviews and re-examination of basic concepts of psychoanalytic theory and practice. In this paper his exposition considers the process of free association and the basic rule. After referring to Hartmann's self-exclusion of the ego and to Kris's regression in the service of the ego, Bellak submits his own idea of the oscillating function of the ego: a swing from regression to vigilance of cognitive, adaptive, and synthetic functions. It is upon this oscillating function of the ego that the process of free association is specifically predicated. Following a brief discussion of free association as a process, he describes some inherent clinical problems and suggests a method of studying such disturbances by relating them to different ego functions. In view of the widened scope of psychoanalysis today, the author recommends some systematic changes in psychoanalytic technique consistent with Eissler's theory of parameters.

**Further Considerations on Affect Theory in Psychoanalysis.** Samuel Novey. Pp. 21-31.

In an exploration of the psyche through examination of object representations, the author was impressed by the significant role played by those affects which carry out important object-related functions such as motivators or inhibitors of conduct, devices for communication, and devices for eliciting or inhibiting behavioral responses in others. These are in addition to the commonly accepted function of the affects as discharge processes not necessarily related to objects. After referring to a statement by Freud that, in terms of human psychology, the source of the instincts is of much less importance than is their aim or object, Novey elaborates a theoretical view of the relationship of emotions to objects. The concept is termed 'sentiment' and it defines a complex, basically affective state with admixtures of ideational and potential behavioral and expressive components. Sentiments are composed of a number of emotions and are derived as a repetitive response to a similar stimulus offered by a significant object; for instance, the repeated arousal of the same affect by a mothering person will result in the crystallization of a sentiment in connection with that object. The idea of sentiments is offered in opposition to the frequent usage of emotions as single, pure feelings and as an aid in understanding the close relationship between affect, object, and behavioral pattern.

**The Analytic Screen: An Instrument or an Impediment in the Psychoanalytic Technique.** L. Veszy-Wagner. Pp. 32-42.

In this paper the author calls attention to a screen phenomenon present in the analyst in every psychoanalysis. This he terms the analytic screen which, though stemming from the same sources, differs from countertransference in a number

of ways. Countertransference proper involves a two-person relationship, the analyst and the analysand; but the analytic screen is a kind of three-person relationship, the analyst, the analysand, and the emerging picture in the mind of the analyst of the analysand's first object-love and object-hatred. The analytic screen is characterized by a *Gestalt* consisting of the analyst as the observer, and of the patient and his objects as the observed, with emphasis on the observation itself. The model situation for the analytic screen is the analyst's own primal scene fantasy, which contains evidence of a sublimated primal scene fantasy by virtue of a blending of curiosity and restitution into the mental attitude of the observer. Each psychoanalytic session is seen as an unconscious primal scene drama enacted by the patient.

**Psychodynamics of Male Homosexuality.** Leon J. Saul and Aaron T. Beck. Pp. 43-48.

In this brief paper the authors summarize their views on the relationship of male homosexuality, as a mode of adjustment, to the motivations and mechanisms operating in the current life of the individual. Homosexuality in the male serves two major functions: it is a pathway of gratification or discharge of diverse infantile needs, and it is a defense against certain drives or affects that are potentially disruptive to the ego.

**On the Formulation of the Interpretation.** Genevieve T. De Racker. Pp. 49-54.

The author establishes a parallel between the psychoanalytic process, whose aim is to rebuild the patient's inner world, and the way in which a mother makes contact with her child. The formulation is equated with 'food interpretation', and the manner in which the interpretation is expressed is emphasized. Two clinical examples demonstrate the therapeutic effectiveness of the manner of presenting formulations to patients at times of intense paranoid rejection in order to produce real insight.

**The Mother-Conflict in Schreber's Psychosis.** Robert B. White. Pp. 55-73.

The author postulates that primitive, oral destructive-dependent impulses toward a mother figure were important in the dynamics of Schreber's psychosis, and on this assumption reanalyzes *Memoirs of My Nervous Illness*. In addition to Schreber's oedipal conflict and his unconscious homosexual love for his father, the most pathogenic of his conflicts dealt with his preoedipal relationship with his mother. Disguised and symbolic representations of his mother, and pre-genital impulses toward her, are prominent in the case. The major defense Schreber employed against such impulses was projection—he accused God of 'needful, greedy, potentially destructive oral longings for Schreber'. His delusion of being unmanned may be interpreted as the expression of his wish to regain that most primitive and undifferentiated relationship of a child to his mother—that experienced by the fetus. Although Schreber's father was an important figure in his life, White contends that his mother was the central figure in the most pathogenic of Schreber's conflicts.



**Anxiety Concerning Change, As Seen in the Psychotherapy of Schizophrenic Patients—With Particular Reference to the Sense of Personal Identity.** Harold F. Searles. Pp. 74-85.

In psychotherapy with schizophrenic patients the writer observed their intense anxiety concerning change and their feeling that change is something imposed from without rather than something from within which would benefit them and others. As part of the schizophrenic process there is a regression of the ego which then exhibits a fragmentation of experiences and a lack of continuity of perceptions, comparable to the modes of thought of primitive cultures and normal children. Inevitably this leads to severe disturbances in the schizophrenic's sense of identity which, at best, is tenuous and precarious. The anxiety connected with change in the early phase of the psychosis is due to the threat to the sense of identity caused by change. The author suggests certain techniques to assist such patients to build upon a fragile sense of identity and to overcome their anxiety concerning change.

**Introjection, Reprojection, and Hallucination in the Interaction Between Schizophrenic Patient and Therapist.** Norman Cameron. Pp. 86-96.

Intensive psychoanalytically-oriented psychotherapy of a schizophrenic girl revealed regressive reprojection of primitive superego functions, hallucinations about the therapist under conditions of stress, and subsequent introjection of an image of the therapist and its assimilation into a new ego-superego integration. An internal critic of great severity, derived mainly from the patient's mother, was modified and stabilized by the patient, and thus became potentially useful for self-control and as a protection against the world.

**Psychoanalysis of a Stammering Girl.** Charlotte Balkányi. Pp. 97-109.

In this splendid report of the psychoanalysis of a stammering girl, the author sees the stammer as a 'dysfunction of the preconscious; the dysfunction of molding affects into words'. From the numerous overdeterminations described, this monosymptom was for the girl a conversionlike symptom, derived from all levels of psychosexual development and with somatic and psychic equivalents. The stammer was cured and, several years after treatment was concluded, the patient became an interpreter in five languages.

**A Hitherto Unnoticed Letter by Sigmund Freud.** K. R. Eissler. Pp. 197-204.

In a book entitled *Wir Zuchthäusler* (We Convicts), by Georg Fuchs, there appears a letter written by Freud. While in prison because of a monarchist plot, Fuchs wrote of his experiences and sufferings and requested various European intellectuals to express their opinions about the folly and cruelty of the penal system as viewed in the context of the world-wide cultural crisis of the time. In his letter, Freud emphasized that he did not consider himself to be a desirable sponsor for Fuchs' book. In a scholarly essay, Eissler elaborates upon the letter and comments on Freud's attitudes toward reform and criminality.

**Blank Hallucinations: Remarks About Trauma and Perceptual Disturbances.** Max M. Stern. Pp. 205-215.

Blank hallucinations are defined as stereotyped sensory perceptions without appropriate external stimuli, lacking content which relates them to persons, objects, or events. Some examples offered are cloudlike phenomena, hazy blurring of perception, changes in body size, sensations of electric currents flooding the body, and sandy, gritty, and doughy feelings in the mouth. The author also includes the blank hallucinations of the Isakower phenomenon, the dream screen of Lewin, and the abstract perceptions of Deutsch and Murphy. These experiences are explained as defensive repetitions of responses to oral deprivation; the blank hallucination is a revival of a sensation experienced by the infant in an early traumatic situation. Individuals who suffer severe trauma in the postnatal phase of life establish patterns that become the prototypes of later psychic trauma; in the phallic and oedipal phase, overstimulation during sleep leads to pavor nocturnus. Blank hallucinations occur at times of stress, when falling asleep, and in dreams; they point to a specific pathology derived from excessive oral trauma.

**Variety and Analyzability of Hypnagogic Hallucinations and Dreams.** Otto E. Spierling. Pp. 216-223.

In an interesting paper the author investigates three phenomena which occur during somnolence: hypnagogic paraphraxis, typical hypnagogic hallucinations, and dreamlike hypnagogic hallucinations. In these phenomena the synthetic function of the ego is not as deeply relaxed as in dreams, and hence their analysis is not easy. In the author's experience it is not necessary to relate these phenomena to early oral situations; in the cases presented the infantile dream wish behind the hypnagogic hallucination could be traced to actual recoverable experiences in early life. Due to the overlapping of developmental phases, not all oral experiences occur in the first year of life.

**A Methodological Approach to the Problem of Hysteria.** J. O. Wisdom. Pp. 224-237.

In this paper the author examines the psychoanalytic theory of hysteria in an ingenious fashion. In order to utilize his methodology new distinctions in concepts are made: orbital introjections are internal objects which are not absorbed as part of oneself; however, nuclear introjections are internal objects which are so absorbed. In hysteria the oedipal situation seems to be a sadistic relationship between the son and the orbital introject of his mother. The author postulates that hysteria is a disturbance of nuclear introjections involving male and female genitals. He suggests three hypotheses to explain this mechanism: first, a digestivelike process that destroys an orbital introject of the mother's breast, thus making it a nuclear introject; second, the breast is equated with the vagina; and third, the penis becomes identified with a digestive organ. These hypotheses the author feels may explain the phallic fixation point, conversion symptoms, the action of the trauma in hysterical symbolization, the mechanism of repression, and even the mechanism of phobias and their intermittent occurrence.



**The Fragmentizing Function of the Ego in the Transference Neurosis.**<sup>1</sup> Andrew Peto. Pp. 238-245.

In this paper the author offers the hypothesis that the ego possesses a function which aims at splintering the dynamic complexes of drives, object relationships, and the emotions and feelings connected with them; this he calls the fragmentizing function of the ego. Examples of this function have been observed by other writers, and under normal conditions of sleep and in the play of children. It precedes and accompanies all the known defense mechanisms and is a precondition that makes them possible. The relevant portion of the transference neurosis of a masochistic patient is ably discussed in support of this hypothesis.

**Resistance and External Object Relations.** Peter L. Giovacchini. Pp. 246-254.

The author describes a special form of resistance which occurs in the analysis of a person whose spouse reacts with anxiety to the changes effected in the analysand. The relationship between the analysand and spouse in such cases is an object relationship of mutually adaptive character in which the needs of each partner for the other are equal. When a shift occurs in the equilibrium of such an emotionally meaningful relationship, the partner not in treatment reacts to it as a threat and this is reflected in the patient who evidences resistance to further resolution of unconscious conflicts. The resistance is related to the disturbed marital equilibrium which places the marriage in jeopardy. The mates of such analysands, though initially supportive and encouraging, react with various devices designed to sabotage the analysis. Hence, in many cases in order to analyze a married person successfully, the spouse also has to be analyzed.

**The Ego and the Object of the Homosexual.** Gustav Bychowski. Pp. 255-259.

Essential to the understanding of homosexuals is the problem of object-choice and object-relations, a problem closely related to the total personality of the homosexual. The author describes some deep affinities between the egos of homosexuals and those of schizophrenics and adolescents. These egos lack fixity of boundaries; their weakness is based on their narcissistic disposition and sometimes there is even a prenatal fixation point. In such cases there is a low frustration tolerance and tendencies toward hypochondria, overvaluation of fantasy, and emotionally loaded object-representations. The original love-hate objects are cathected ambivalently with the result that the ego may function at times with one or another of its segments. The love objects of the homosexual are partial objects and represent not only original infantile love objects but also his self-image at various stages of development. Homosexual acts may be regarded as a form of impulsive instinctual discharge linked with a release of introjects.

**Responsibility, Free Will, and Ego Psychology.** Ernst Lewy. Pp. 260-270.

In 1925 Freud wrote, 'Obviously, one must hold oneself responsible for the

<sup>1</sup> Cf. also, *This QUARTERLY*, XXIX, 1960, pp. 609-611, and XXX, 1961, pp. 472-474.

evil impulses in one's dreams'. In this essay the author attempts to demonstrate that the above statement by Freud is justifiable by relating it to recently advanced views of ego psychology. The writer defines psychological responsibility as the idea that a person must and can take the consequences of, or be able and willing to answer for, what he thinks, feels, and does; the ability to assume such responsibility is part of the difference between child and adult, immaturity and maturity, emotional sickness and health. After discussing the strictly deterministic view of psychoanalysis, the author sees in the concept of the adaptability and autonomy of the ego an allowance for an assumption of a limited free choice (free will).

**The Participation of Psychoanalysts in the Medical Institutions of Boston.** Sidney Levin and Joseph J. Michaels. Pp. 271-283.

During World War II demands for psychiatric care caused a shift in the tradition of psychoanalysis developing independently of medical institutions. This shift was accompanied by an increasing acceptance by the medical profession of psychoanalytic insights and a growing awareness that the field of psychoanalysis embodied a general psychology of human behavior which could be employed by disciplines dealing with human behavior. In Boston and its vicinity, members and candidates of the Boston Psychoanalytic Society and Institute now play significant roles in practically all of the major psychiatric treatment and teaching activities.

**On the Discovery of the Cathartic Method.** L. Chertok. Pp. 284-287.

The author makes an interesting historical contribution to the controversy regarding the discovery of the cathartic method. Breuer used the method from 1880-1882 but published his results with Freud in 1893. Janet wrote about the method in 1889. In 1888 Bourru and Burot published a book which contained a detailed account of what is now called experimental regression by hypnotic suggestion, the technique which was to lead to the discovery of the cathartic method. Freud had heard of the book by Bourru and Burot but whether he had any firsthand knowledge of it is unknown. On August 10, 1889 at an International Congress of Hypnotism in Paris, Bourru and Burot described a technique very similar to the cathartic method. Freud was in Paris at the time of the Congress but left on the evening of August 9th.

WILLIAM P. KAPULER

**Journal of the American Psychoanalytic Association. IX, 1961.**

**The Silent Patient.** Rudolph M. Loewenstein. Pp. 2-6.

This paper was the introduction to a panel given at the mid-winter meeting of the American Psychoanalytic Association in December 1958.

The patient in analysis is constantly under the sway of two opposing forces: one moves him to communicate the data relevant to his neurosis while the other compels him to resist doing so. During any given moment of the analytic process, one of these forces may have greater operational relevance,



but it is extremely rare that one or the other force is at work alone. While outside the analytic situation speech is only one of the ways the patient expresses his object relations, in analysis he is expected to translate all facets of his past and present object relations into speech; thus some aspects of his object relations will inevitably find expression in silence during the analytic process. The author illustrates this with the case of a discouraged male patient whose silence was not only a resistance but, as an expression of reluctance to express hostile and critical thoughts about the analyst, it was also a repetition in the transference of his readiness to relinquish competition with his father in favor of passivity and illness.

**The Psychology of Silence: Its Role in Transference, Countertransference, and the Psychoanalytic Process.** Meyer A. Zeligs. Pp. 7-43.

The patient-as-talker and the analyst-as-listener constitute the central structural part of the analytic setting. Depending on how both the patient and analyst use silence during the sessions, the silence either can promote or impede the analytic process. In whatever way it is used by either analyst or patient it carries with it a measure of accompanying frustration or gratification. If the feeling behind the analyst's silence is a consistently benevolent one, it will greatly help the silent patient to verbalize by strengthening his basic transference which is derived from the preverbal phase of object relations. The patient will develop self-assurance as he senses that the analyst's silence also grants him the right to be silent. The patient's reality testing will be facilitated so that eventually he will be able to verbalize the content of his silence.

The analyst's improper silence disturbs the analytic process just as an injudicious verbal intervention would; a timely and prudent silence, especially when the patient anticipates an intervention, as after an obvious parapraxis, may have a strikingly beneficial effect. Further, the quality of feelings emanating from the analyst during his silence is as important as that which accompanies his verbal interventions. Hence if the patient senses the silence as impatience, boredom, indifference, or hostility on the part of the analyst, he will experience the analytic situation as depriving and hostile and the analytic process will be arrested.

The thoughts and feelings of the analyst during silence should not complement, oppose, or otherwise improperly interact with the thoughts and feelings underlying the patient's silence. The silence of the patient can induce a non-verbal stalemate if the analyst does not interpret it and participates in it as a resistance. Silence in the transference may invite the analyst to share in the emotional experiences of the patient's fantasies, making the analyst's silence a shared acting out. Close attention to his countertransference, however, often will alert the analyst to the meaning of the patient's silence and will enable him to avoid pitfalls. When the patient's silence is an indication of autistic withdrawal or temporary splitting of the ego, the analyst must abandon his own silence in order to reintroduce himself as a real object. Recognition of the vicissitudes of a primary transference involving oral gratification of the pre-*oedipal* period, enables the analyst to deal more effectively with the patient's primitive ego.

**Silence and the Theory of Technique.** Jacob A. Arlow. Pp. 44-55.

In psychoanalysis the theory of technique has always been intimately related to the prevailing theories of mental functioning and neurosis. Based on the topographical viewpoint, a concept of a dynamic-economic drive was postulated in accordance with which a force derived from the sexual instincts in the unconscious sought immediate discharge. Because of an intrapsychic conflict, this was opposed by a force in the system Pcs which influenced the highly energetic and mobile drive cathexis of the system Ucs. As verbalization in the therapeutic situation was considered to be the principal means of redeploying the energetic forces in the mental apparatus, silence was considered to be identical with resistance, and was often treated concretely as of an 'oral', 'anal', 'phallic', or 'urethral' nature—equating the spoken word respectively with food, feces, the phallus, or a stream of urine.

The realization that resistance is almost entirely unconscious, that not all resistance is eliminated by verbalization, and that even resistance and silence can be expressions of the discharge of unconscious self-directed aggression, led to the formulation of a structural hypothesis that the function of adaptation is vested in the ego. Silence in analysis can now be categorized as that which primarily serves the functions of defense and discharge. Silence which represents a massive counter cathexis against the demands of the id is an example of the function of defense in an intersystemic conflict. Silence due to a conscious reluctance to talk following interpretation of the defenses of projection, isolation, and denial—with which the ego repudiates the derivatives of the drive that have entered consciousness—is the result of an intrapsychic conflict.

As a vehicle for drive discharge, silence occurs in intensely empathic object relations in the transference. The patient's silence may have the aim of inviting the analyst to share in the emotional experience of his fantasy or to reinstitutionalize the analyst's process of empathy in order to elicit from him countertransference responses in the nature of a shared acting out. Through the failure, suffering, and provocation of punishments that it evokes, the patient's silence may serve the demands of the superego.

**Some Ego Considerations in the Silent Patient.** Leo S. Loomie. Pp. 56-78.

The author describes three patients with chronic resistance manifested by silence. In each a crucial distortion in ego and superego development with distorted self-representations was demonstrated. Their failure to distinguish between word and action required silence as a defensive maneuver; silence was also employed whenever speech threatened their distorted but protective self-representation.

In a twenty-six-year-old woman who was unable to form a lasting relationship with a man, silence during analysis was a distance-effecting device which lessened the tension from her poorly integrated sadistic impulses and the fears of being similarly victimized. At times, when associated with her homosexual fantasy of crawling into the vagina of an admired acquaintance, her silence was a 'contented' one and expressed the archaic wish for the passive provision of satisfaction enjoyed in her preverbal period. At other times, her silence controlled



the excitation initiated by her own transference wishes, and sometimes its aim was to prevent revelations of her gloomy self-realizations of ineptitude and failure which underlay her precarious illusory grandiose self-image.

In another case suppression and repression of affects as well as total isolation and denial of oedipal conflicts were prolonged by the patient's silence about his reactions to both his wife and his analyst. Like the first patient, his self-image was unrealistically superior.

A third patient considered her transference thoughts to be equivalent to her mother's promiscuity. Thus the threat of identification with the mother demanded denial and silence.

**On the Silence and Sounds of the Analytic Hour.** Ralph R. Greenson. Pp. 79-84.

Silence in analysis is most frequently a resistance, and the patient often betrays the motive or content of his resistance by his posture, movements, or facial expressions. At other times, however, silence is a communication. For example, it may be the unconscious repetition in the transference of a primal scene experience in which silence was an important element. If the patient appears to be comfortable, confident, and poised, it may indicate identification with the silent analyst. In extremely disturbed patients, it may represent identification with an inanimate object or a sleeping or dead object.

Between silence and speech lies the important but neglected realm of sounds which accompany particularly great emotions. Certain sounds are the auditory representations of moods; for example, the 'mm' sound often expresses a feeling of contentment. While silence with open eyes is more likely to be derived from hatred and rejection, with distrust of the object, silence with closed eyes is usually derived from love and acceptance, with trust in the object. Eyes tightly clamped shut indicate either an attempted preparation for a blow from without or an attempt to keep locked within some terrible feeling in order to protect the analyst.

Silence is a frequent reaction to interpretation. It may be an expression of surprise in reaction to a correct interpretation, resulting from the patient's need to contend with the new insight. More frequently it is a reaction to an interpretation which is correct in content but wrong in timing and dosage. The patient regards such ill-timed and improperly dosed interpretations as hostility on the part of the analyst, and the patient's reaction of prolonged silence is both a defense and a retaliation. To illustrate this the author cites the case of a paranoid phobic woman who reacted with ten days of silence to an interpretation of some of her homosexual strivings which was made just before a week-end interruption in treatment. The patient felt that although what the analyst said was correct, he had cruelly poured over her some deadly information. Her silence served to keep him away, to destroy him, and to protect him from her more venomous angry feelings.

The author cautioned that sick and regressed patients can often perceive the emotional quality of the analyst's silence. He illustrated this by a remark of a patient in analysis with a candidate: 'I have the feeling that your silence is different today; you seem to be smiling'.

**Blank Silence and the Dream Screen.** Carel Van der Heide. Pp. 85-90.

The author has observed 'blank silence' in patients whose symptomatology and transference are dominated by the oral stage of libidinal development. It occurs in response to particularly well-timed, concise interpretations, particularly of transference phenomena, and lasts many minutes or for the remainder of the session. During such a 'blank silence', the patient's position on the couch is often the habitual one of sleep; he is relaxed and neither moves nor tries to speak, and later reports that he had no thoughts during the period of silence.

In the author's opinion this silence is almost identical to the oral-erotic silence described by Fliess; Fliess attributes the oral-erotic silence to the intrusion into the transference situation of a primary transference where the preverbal narcissistic relation with the parent-object takes over. Like the blank dream, 'blank silence' involves perceptual rather than motor activity. It represents fusion with the object and undisturbed, blissful, narcissistic sleep. In support of his thesis, the author cites an instance in analysis where a 'blank silence' culminated in the patient's perception of the dream screen.

**Empathy and the Bridge Function of the Ego.** Antonio J. Ferreira. Pp. 91-105.

According to Freud, empathy plays the most important part in our understanding of other people. As a process of the ego, it denotes the ability to perceive *in toto* the nonverbalized feelings and moods of others. The author postulates that empathy is the expression of an inborn mode of contact with the environment as it strives to establish an 'identity of perception'. In early childhood empathy functions as the first emotional bridge between the human organism and environment. It is the means whereby a psychic unity with the mother is substituted postnatally for the physical unity provided by the umbilical cord. In this early period of life it is the means by which the infant, mostly through somesthetic and olfactory stimuli, maintains a direct connection with the mother's reactions and fluctuations of mood. Later, the child uses visual and auditory impressions for this purpose. As the child moves from his initial position of exclusive contact with the mother to multiple contact with other people, the empathic link with the mother becomes available for utilization, in a diluted form, with other people. With the acquisition of symbolism of thought and verbal language, it becomes less prominent but persists as a function of the ego which subserves the striving toward contact with the nonself. It varies among individuals and within the same individual, paralleling the vicissitudes of the ego's strength. The schizophrenic actually lacks empathic capacity; the rejection that he 'senses' is a projection of his indiscriminate feeling of being rejected.

**The Analyst and the Hippocratic Oath.** James T. McLaughlin. Pp. 106-123.

The author deals with the relation between the dynamisms implicit to the identity of the physician in Western culture (the old family doctor, the lineal heir of the Hippocratic tradition) and the individual dynamisms of the analyst. 'Our cultural image of the physician is shaped by the unchanging imperatives of the sick, epitomized from the past in the oath of Hippocrates and in the present by the stereotype of the "old family doctor".' The compassion and self-



sacrifice inherent in these idealized images imply 'extreme renunciation of instinctual gratification, except in the altered form of service for others'.

The myths and legends of Æsculapius contain the dynamic themes pertinent 'to the renunciations of the Hippocratic oath. The major themes include avoidance of open oedipal identification and rivalry with the aggressive rapacity of the father; avoidance of rage at the deserting mother and rival siblings; sublimative or reactive alteration of these destructive and erotic strivings into a serving, preserving, and healing of others that constitute a reparative identification with the nurturing mother, an effort to please her and placate the father; re-emergence of the aggressive competitiveness as efforts to usurp the paternal prerogatives of knowledge and benevolent conquest disguised as service to others; eventual destruction for trespassing . . . too far into the paternal domain of knowledge. . . . Similar patterns of conflict and resolution are demonstrated in the personal dynamics and professional conduct of physician patients and training analysts in whom the commitment to healing is great.'

Analysts who devote the major portion of their energies to therapy are denying similarity to the aggressive father in order to insure his protection. They also wish to please the mother through identification with her. In some analysts in training, the freedom to act with enlightened self-interest is so curtailed as to approach masochism. They are often excessively active 'in behalf of the patient', and thus are solicitous and exhausted like a 'good doctor'. But the inhibition of intellect accompanying such exhaustion represents both the hostile retaliative withdrawal from the patient and guilty self-punishment. These tendencies often go unanalyzed because of their ego-syntonic presence in the ego ideal of the good physician. The common unconscious tendency to equate intellectual endeavor and forbidden libidinal-aggressive strivings explains why some analysts think better and more intuitively in the therapeutic situation and are comparatively ineffectual in teaching, research, etc.

**Identity and Sexuality: A Study of Their Interrelationship in Man.** Heinz Lichtenstein. Pp. 179-260.

The author's thesis is that nonprocreative sexuality in man is used to acquire a primary identity, and that once it is established, the maintenance of 'identity' in man has priority over any other principle determining human behavior, including the pleasure and reality principles. The maintenance of identity is accomplished by complex means including some of a nonsexual nature.

While the animal's identity is innate, the long dependence of the human infant on the mother is the source of identity. The symbiotic universe of mother and child is organized to include the unconscious of the mother, and to the child it constitutes the nucleus of his emerging identity. Man can experience his identity only in terms of an organic instrumentality within the variations of a symbiotically structured *umwelt*; he must consciously express his identity in terms of what he is for someone else. This is brought about within the mother-child symbiosis in a way similar to imprinting. The 'imprinting-stimulus combination' is transmitted to the child by the way in which the mother stimulates some of the child's senses and does not stimulate others. While the mother is satisfying the infant's needs, and in fact creating certain specific needs

in him, the infant is transformed into an organ or instrument for the satisfaction of the mother's unconscious needs. Thus the mother and infant become partners in the sensual involvement. The primitive sensory interchanges of this sensual involvement are the precursors of adult sexuality.

Once it is conveyed to the infant by the mother, the child's identity is irreversible, and he is compelled to find ways to realize this specific 'identity theme'. The author regards this compelling need as the most fundamental principle governing human behavior. The identity principle is identical to the repetition compulsion and commands priority over any other need; it is absolutely compelling, while drives are only relatively compelling.

The author illustrates the dominant role of the identity principle with the case of a twenty-three-year-old woman upon whom identity had been 'imprinted'. As a result the patient found herself between the Scylla of loss of sanity and separateness, and the Charybdis of loss of identity (loneliness) and depersonalization.

**Some Observations on the Role of the Scrotal Sac and Testicles.**<sup>1</sup> Anita I. Bell. Pp. 261-286.

The role of the testicles and scrotal sac is seen as a precursor to that of the phallus in the development of castration anxiety. The two to three-year-old toddler having a bowel movement sees his scrotal sac and testicles at the same time he watches the fecal mass come out and drop off. He may, therefore, associate the loss of his feces with the loss of his testicles, and since at this age he wishes to please his mother with his bowel movement, the threatened loss of his testicles may be associated with his positive feelings toward her. The fact that in most boys the cremaster muscles may draw the testicles up into the inguinal canal whenever the boy is frightened furthers these associations.

The scrotal sac and testicles also play an important role in the feminine identification that the little boy makes with his mother as they present a visual image of paired appendages like the breasts and *labia majora*. In so far as the testicles and scrotal sac connote femininity, and femininity connotes castration, any threat of eruption of these fantasies will be defended against, particularly during puberty when the testicles enlarge and become sensitive to pain. The defense mechanisms of choice seem to be denial, repression, and displacement to the penis.

**Masturbation and Character.** Steven Hammerman. Pp. 287-311.

A number of cases are described to illustrate the importance of analyzing the total masturbation process, including the basic masturbation fantasy and masturbatory manipulative techniques which are being lived out in the patient's character structure. The analysis of the total process may disrupt more efficiently the patient's excessive energetic attachment to the self-representation as well as to his early object representations, thereby promoting the cathexis of real objects.

When analyzed a basic unconscious masturbation fantasy is usually concerned

<sup>1</sup> A summary and discussion of this paper also appeared in *This QUARTERLY*, XXX, 1961, pp. 318-319.



with the ego's attempt to obtain an early narcissistic gratification and to handle some narcissistic insult. In each of the cases described, derivatives of basic narcissistic conflicts were lived out in the character structure. Instinctual gratification as well as the defense against it were expressed through the regressive, tenacious attachment in the masturbation process to early object representations. The patients' secret acceptance of the mode of their masturbation as well as of their masturbatory fantasies tended to promote their infantilism and independence of external objects through the fixation of infantile sexual and aggressive aims.

**The Significance of the Sense of Smell in the Transference.** Jean R. Rosenbaum. Pp. 312-324.

Smell, as a special sense, is present from birth. It has an autonomy of its own, an active and passive component, and is associated with all levels of psychosexual development. The author demonstrates with clinical material the occurrence of active and passive olfactory experiences which appear as defensive, regressive phenomena in the oedipal transference. In the cases cited the sense of smell increased or decreased with the arousal of the patients' genital impulses and the associated conflicts.

A twenty-five-year-old man who equated his nose with a genital realized, on observing that the analyst's wife was cooking pot roast with celery, that his sense of smell had disappeared early in his adolescence; at that time he was overtly hostile toward his mother and was attempting to replace her with his first serious adolescent love affair. The return of his sense of smell was the first sign of positive oedipal strivings in the transference.

A divorced woman, who considered the natural female odor to be that of rot and decay, attempted to deny her castrated status and to defend herself against her passive feminine and oedipal strivings by dousing perfume into all her body crevices and skin folds, including the paralabial area. As her positive oedipal strivings emerged in the transference, she related that the fragrance of roses evoked sexual feelings in her (cf., the analyst's name). Another male patient soaked himself just before each session with underarm deodorant, shaving lotion, hair tonic, and body powder. For this patient emanating odors (being smelled) was an expression of his passive sexual strivings for his father. After expressing his passive homosexual wishes toward the analyst or after speaking of his attempts at active heterosexual activity, experiences of smelling occurred within the treatment, signaling the onset of libidinal and ego regressions as a defense against castration anxiety.

**The Last Hour.** Samuel D. Lipton. Pp. 325-330.

The author illustrates with a clinical case the correctness of the psychoanalytic principle of continuing the analytic process, specifically the fundamental rule, to the very end of analysis. Toward the end of the last hour a patient, who had said many times that he could not remember having had incestuous fantasies, recalled that on reading Ibsen's *Ghosts* during his adolescence he had thought Oswald could do nothing but have intercourse with his mother. He then recalled that he used to think: 'Wouldn't it be nice to have someone in the house to have intercourse with?'

**Some Notes on English Freudian Terminology.** Lewis W. Brandt. Pp. 331-339.

The purpose of this short paper is to make the English reader of psychoanalytic literature aware of the feeling, tone, and dynamics involved in Freud's original terms.

FRANK BERCHENKO

**Bulletin of the Menninger Clinic.** XXV, 1961.

**Freud's Understanding of Anxiety.** Ishak Ramzy. Pp. 11-22.

The author reviews the development of Freud's thinking on the concept of anxiety, beginning with his earliest ideas of the conversion of dammed-up libido into anxiety and culminating in what is surely Freud's second greatest integrative achievement, the unifying concept in *Inhibitions, Symptoms, and Anxiety*, wherein 'Freud considered that anxiety is a signal which reminds a person of his helplessness without love and protection'. Ramzy then makes a useful restatement: anxiety detracts from successful creative processes. He also suggests that the common and erroneous belief that neuroses enhance creative productions is often a defensive rationalization for the absence of talent. He does not, however, explore the nature of gift or talent in creativity.

**Fire and Its Aftermath on a Geriatric Ward.** Dov R. Aleksandrowicz. Pp. 23-32.

A fire on a geriatric ward of a state hospital led to the moving of all the patients, changes in personnel, and a different routine. A marked increase in the death rate followed these changes, attributed to 'disruption of the everyday structure of life, drastic change of physical environment, discouragement of personnel, and, for some patients, actual separation from the group'. The author compares these reactions to the anaclitic depressions described by Spitz, and describes the similar sequence of reactions: physical deterioration, susceptibility to disease, and finally death. Like infants, in order to remain alive the most regressed of these senile patients require nursing care which is more than something technically efficient and impersonal.

**A Note on the Function of Dreaming.** Harold M. Voth. Pp. 33-38.

Voth makes an essentially simple point: dreams may serve 'purposes other than sleep preservation'; in this instance, the purpose of arousal. His evidence consists of brief reports of two dreams which appear manifestly to be connected with patients' awakening. The theoretical discussion falls into a possible error of confusing the biological function of dreaming and the psychological meanings of dreams. It is clear that a dream is, among other things, a compromise formation, that the ego has contributed greatly to the manifest content of the dream, and that the individual may wish to awaken, but these are not decisive evidences that arousal may be a function of the dream. While the content and superficial associations seem to make of the dream a story leading to awakening, it is entirely feasible to think of a dream as the end-product of a complicated psychological process which serves the biological need of preserving sleep while expressing the psychological wish to awaken.



**The End of the Test as a Determinant of Responses.** Stephen A. Appelbaum. Pp. 120-128.

To the analyst who, like other clinicians, sometimes fails to diagnose sufficiently early certain borderline patients, Appelbaum's experience in psychological testing is relevant. He has noted that in a number of instances such patients will wait until the very last response to a test, such as the Rorschach or Word Association test, to reveal the chinks in their armor. He compares this finding to the often clinically noted fact that patients will save an important communication until the end of an hour; or, he might have added, until the late stages of treatment when termination threatens.

**A Sexual Preoccupation in a Little Girl.** Leon A. Levin. Pp. 129-137.

The author discusses the markedly exaggerated seductive behavior and insatiable curiosity about genitals in a three-and-a-half-year-old girl who was seen for ten hours. These symptoms reflected 'extreme castration anxiety and penis envy', but they were also relatively thinly disguised expressions of severe separation anxiety connected with repeated hospitalizations and separation from mother during the second year of life, traumatic weaning experiences, etc. Levin's patient once again illustrates the evolution of anxiety from fear of loss of the object, to loss of the object's love, to castration anxiety and fear of loss of the love of the internal objects.

**The Treatment of Criminals in Institutions.** A. M. Roosenburg. Pp. 186-195.

The author reports on the treatment offered chronic criminals at the Van der Hoeven Clinic in Utrecht, The Netherlands. Although he does not describe the setting in sufficient detail, it is apparently an in-patient clinic from which the patients may leave during the day to work, visit, etc. They are also permitted a good deal of self-government. Although the technique appears to be largely that of counseling with the patients, the families, and employers, the over-all attitude approaches an analytic one. An attempt is made to help the prisoner see the deeper motives for his criminal behavior and, in a wide variety of ways, to throw the responsibility for change on the patient. Sometimes the patients 'simply run away and give themselves up to the police or to the prison because they cannot bear the responsibilities. The patients themselves definitely agree that it is far easier to be imprisoned than to stay at the clinic.'

HARTVIG DAHL

**Bulletin of the Philadelphia Association for Psychoanalysis.** XI, 1961.

**Introduction to Memoirs of the Wolf-man, 1914-1919.** Muriel M. Gardiner. Pp. 1-5.

Gardiner reviews her acquaintance with the Wolf-man, extending over thirty years. Few concrete facts about his life are actually available in the analytic reports by Freud and Ruth Mack Brunswick. Accordingly, Gardiner encouraged the Wolf-man to write about himself. In the current chapter of his Memoirs she finds most striking his concern with the personal, and his relative disregard

for the dramatic events of the world around him. She notes his frequent helplessness seeking for advice when in trouble, and she underscores his central interest in understanding his own and others' behavior, which is relatively devoid of judgment or animosity.

**Memoirs, 1914-1919. By the Wolf-man.** (Translated by Felix Augenfeld and Muriel M. Gardiner.) Pp. 6-31.

The Wolf-man describes in some detail his life between 1914 and 1919, beginning with his departure from Vienna to spend the summer on his family's estate in Southern Russia. He recounts the problems encountered in bringing his fiancée, at the time an 'enemy alien', to Odessa. After their marriage, he and his wife experienced serious opposition from his mother and relatives, all of whom he describes in detail. His wife's daughter by a previous marriage was suffering from tuberculosis and was living in Freiburg. During a prolonged separation, when the wife was with her daughter, the Wolf-man sought and received advice about financial and other matters, and he describes the ups and downs of his fortunes in following this advice. Finally, he tells of the difficulties he met in trying to join his wife in Freiburg, problems arising from international hostilities at the time. This personal, factual account of a portion of the Wolf-man's life, written at the age of seventy, supplements the familiar case reports of Freud and Ruth Mack Brunswick.

EDWIN F. ALSTON

**Archives of General Psychiatry. IV. 1961.**

**Hypnosis in Psychotherapy Today.** M. Ralph Kaufman. Pp. 30-39.

The author reviews the history of hypnosis and discusses its usefulness at the present time. He cites the historical factors that led Freud to give up hypnosis and turn to the modifications that influenced the development of the theory and technique of psychoanalysis. Because of the understanding of psychoanalysis, Kaufman feels we are now in a position to use hypnosis in psychotherapy, within limited goals. He cites extensive wartime experiences and its use in private practice to corroborate his opinion.

**Hypnotism.** Lawrence S. Kubie. Pp. 40-54.

Kubie discusses the problems of hypnotism, and emphasizes the need for research to explain what hypnotism is and how it works. He highlights the danger of begging the question inherent in a system in which hypnotism is used at the same time as the instrument and object of the investigation. For future studies he suggests that recent material on so-called sensory deprivation points the way toward the investigation of the relative roles played in the induction of hypnosis by exteroceptive, proprioceptive, and enteroceptive afferents on preconscious as well as conscious levels. The problems arising out of the uncertainty as to which psychological concepts are descriptive and which are explanatory are examined. Kubie stresses the difference between the process of induction and the fully achieved hypnotic state, as yet unexplained.



**Control in Brief Psychotherapy.** Jay Haley. Pp. 139-153.

In this article the author expounds the work of Dr. Milton H. Erickson, a well-known medical hypnotist. The word 'control' in the title refers to the therapist-hypnotist getting the upper hand in a situation with the patient. This is done, with or without hypnotism, by undermining the patient's resistance in various ways. Primarily it involves going along with the patient's resistance (such as withholding material) in order to make that very resistance seem to be under the control of the therapist. Techniques of manipulative psychotherapy, using 'interpersonal theory' and avoiding any intrapsychic conflict, transference interpretations, and delving into the past are described. Unfortunately, it is implied that emotional difficulties are better explained by interpersonal than by intrapsychic considerations.

**The Orthopedically Handicapped Child.** Marshall D. Schechter. Pp. 247-253.

The author examines the psychiatric problems of this interesting group. He elucidates particularly the defense mechanisms, the affect states, and the object relations of these children, and speculates that they do not become psychotic as a result of the reality of the injury and its subsequent incorporation making the symptom ego-syntonic.

**Psychopathology of Adolescence.** David Roth and Sidney J. Blatt. Pp. 289-298.

The authors present clinical and theoretical material concerning the spatio-temporal parameters in adolescence. The paper stresses a particular type of object relations in very disturbed adolescents, in which an attempt is made to differentiate the self from the mother-object spatially by physical attack; this then becomes the basis of the fusion-defusion strivings of these youngsters. The similarity of this spatial parameter to that in schizophrenia is discussed.

KENNETH RUBIN

**Journal of Nervous and Mental Disease.** CXXXII, 1961.

**Components of Eroticism in Man: II. The Orgasm and Genital Somesthesia.** John Money. Pp. 289-297.

This fascinating dissection of the psychophysiology of eroticism in man is concluded in this article.<sup>1</sup> The author found that orgasm can occur even after the removal of the clitoris (in a virilized hermaphrodite), the vulva, or the penis, as well as in the presence of impotence following chronic priapism. On the basis of case studies separating emission from orgasm, it is shown that the latter can occur without the former following prostatectomy and other surgery. Paraplegics can be stimulated locally to erection and ejaculation despite the loss of cerebral and cognitional participation. In summary, genitopelvic anatomy, the hormones, and the brain are three coördinates of sexual function, any one of which may fail in its contribution without total destruction of orgasmic function.

HARVEY POWELSON

<sup>1</sup> Part I was abstracted in *This QUARTERLY*, XXX, 1961, p. 607.

Revista de Psicoanalisis. XVII, 1960.

**Psychoanalytic Study of a Basic Fantasy on the Fear of Death.** Mauricio Abadi. Pp. 431-448.

The anxiety of man as a being destined to be free and to select, yet at the same time knowing that death is forthcoming, is studied by the author in its different aspects. Death as disintegration and distortion of the body, as a dissolution of the personality (equated with being crazy), and the different ways in which death and its anxiety are manifested in individuals, as well as in social groups, are well delineated.

It is suggested that man in general has an unconscious fantasy of annihilation which is determined by previous experiences, such as birth and anxiety associated with urges or impulses to get rid of one's own body. This basic unconscious fantasy is associated with the death instinct, and further related to the feelings of retaining and relinquishing the mother at the same time. In essence the author's thesis is that the fears connected with death are primarily the product of unconscious fantasies regarding death and are reproductions of unconscious fantasies about pre-, intra-, and postnatal processes. Therefore, there may be different ways of interpreting the fantasies, since death could be considered a birth, or the means of finally ending the birth process, or a way of returning to the mother's womb.

**On Monday's Dreams.** Leon Grinberg and Rebecca V. de Grinberg. Pp. 449-455.

The dreams that occur on Sunday night and are brought to the analyst on Monday are postulated as being produced by specific unconscious fantasies in reference to the interruption over the week end. The fact that the patient dreams under these circumstances will have as one of its functions the compensation for the feeling of abandonment by the analyst. This is compensated and an attempt is made at re-establishment by the latent or manifest contents of such dreams. According to the authors they are definitely related to transference material. In some cases the week ends have had different meanings, such as abandonment, death, or the primal scene.

GABRIEL DE LA VEGA



## NOTES

The TWENTY-THIRD INTERNATIONAL PSYCHOANALYTIC CONGRESS will be held in Stockholm during the summer of 1963, under the auspices of the Swedish Psychoanalytic Society (Svenska Psykoanalytiska Foreningen).

The Program Committee is soliciting scientific papers from all members. A statement of intent to submit a paper, together with three copies of a preliminary abstract, preferably in English, should be sent to the Chairman of the Program Committee, Dr. David Beres, 151 Central Park West, New York 23, N. Y., U.S.A., by September 15, 1962. Three copies of the final paper, in the language of the author's choice, should be submitted not later than November 15, 1962. The reading time allotted to each paper will be twenty minutes; ten minutes will be reserved for discussion. Selection of papers to be presented will be made by the Program Committee.

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### MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

November 21, 1961. A CONSIDERATION OF CONSTITUTIONAL FACTORS IN AGGRESSIVITY.  
Sydney G. Margolin, M.D.

The author investigated the Ute Indians on reservations in Colorado. Contrary to observable facts, these Utes believed that there was 'a sickness' in their tribe which was causing them to 'die out'. They were concerned about a high rate of alcoholism, apathy, neglect of family, 'bad feelings inside', loss of self-interest, and loss of their property. There was a high incidence of violent deaths due to accidents, infant mortality, and a number of psychosomatic conditions (hypertension, diabetes mellitus, obesity, malnutrition). Certain hypotheses concerning the origins of aggression in this tribe are made. An intensely aggressive genotype is suggested on the basis of thousands of years of living as nomadic hunters and food gatherers, a kind of life which puts a high premium on innate aggressiveness. This theory is re-enforced by those factors in such a society that influence the choice of a mate with similar aggressive tendencies. Finally, there are the phenotypical effects of their child-rearing practices that re-enforce innate aggressive drives (separation from the mother in the anal phase).

On the reservation an attempt has been made to change the Indians' culture into a sessile, food-producing, American middle-class Christian culture. This has been largely unsuccessful: no satisfactory identification with the conquering majority has occurred and all direct expression of aggression has been ruthlessly stifled. What is observed now are evidences of severe personal and social pathology which are the derivatives of aggression. The hypotheses concerning the origins of Ute aggression permit construction of experiments to test their validity. Such experiments (altering the child-rearing factor by varied foster-home placements, etc.) have been set up to study the way the aggression is modified. This and other studies being undertaken may help to throw light on the distinction between biogenetic (constitutional) and psychogenetic (environmental) factors.

The author also presented observations on types of humor (ironic, sarcastic, contemptuous), the importance of the affect of shame (rather than guilt), and the central role played by 'the ghost' in this tribe. No true depressions, hysterias, nor obsessive-compulsive neuroses were observed. Several illuminating clinical histories were presented.

DISCUSSION: Dr. Emanuel Klein cautioned that it is necessary to make a sharp distinction between direct observations and theoretical constructions. It was hazardous to suppose that this group has a higher degree of congenital aggression than, for instance, Germans, Japanese, or Americans. He also noted that in a warlike people such characteristics as the ability to coöperate and the presence of a kind of idealism and self-sacrifice were also important. Dr. Gustav Bychowski asked about the presence of true psychoses and the possible effect of making interpretations of an analytic nature concerning ghosts and introjects. Dr. Marcel Heiman raised questions about the kinds of feeding and weaning seen in this tribe. Dr. Edward Joseph inquired about the role of the father, the prevalence of homosexuality, and the nature of the oedipus complex. The possible effects on aggression of cradling during the first year were discussed. Dr. Oscar Sachs made some comparisons with the Bantu tribe of South Africa and suggested also comparing the Ute Indians with the Zulu tribe. Dr. Charles Brenner raised questions about the dynamics of suicide in this tribe, the nature of the superego, and the apparent lack of a magical method for making amends for fantasy murders which appeared in the data to require self-destruction. Dr. Max Schur asked for details concerning experiments that have been set up under this project.

Dr. Margolin in his response stressed that he was putting forward a hypothesis concerning congenital aggression which would be tested on the basis of experiments which had been or were being set up. He described some of these in greater detail and presented more data in reply to specific questions.

IRWIN SOLOMON

December 19, 1961. THE STRUCTURING OF DRIVE AND REALITY. DAVID RAPAPORT'S CONTRIBUTIONS TO THE SCIENCE OF PSYCHOLOGY. Merton M. Gill, M.D. and George S. Klein, Ph.D.

Two major and recurrent unifying themes run through Rapaport's writings: the question of how thought becomes socialized, logical, and goal-directed; and the more general, though clearly related, question of how freedom is achieved from the imperious demands of instinctual drives on the one hand and of reality on the other. It is the ego which intervenes between these two forces, but is not merely their resultant; it is shaped by their interaction but also achieves partial independence from them. Ego structure he described as characterized by stability, capacity for delay, and inhibition, and as having other abiding characteristics. Rapaport systematized many diverse data which clarified the conditions under which ego structures were maintained, weakened, or disintegrated, and concluded that ego structure depends in part on external stimulation (borrowing from Piaget) but also on internal stimuli. Influenced by the developmental con-



cepts of Hartmann and the data and hypotheses of Erikson, he wrote that once structures are created they achieve relative stability, are reactivated automatically, and form the basis of new structures. Ego structure is thus hierarchically organized according to epigenetic principles. Once established, structures are relatively autonomous determinants of thought and behavior and may be independent sources of motivation. In the clinical theory of psychoanalysis, the question of structure revolves mainly around defense. In Rapaport's more general theory all structures may, in addition to defense, subserve control as well as adaptation, which may or may not be defensive.

It was his interest in structure formation which led him into empirical work during the last eight years of his life—and, in particular, to his interest in learning. His concern with ego functions and structures derived initially from his earlier work on ego subfunctions, especially affects, memory, and thought. His extensive work in clinical psychological testing revolutionized the field by its insistence that testing was a technique for personality assessment via the study of cognitive processes. From his study of cognition, with particular emphasis on what could be learned from it, it was a short step to the publication of his monograph on Thought. He also re-examined the relationship of cognition to consciousness and the correlation of states of consciousness with formal aspects of thought. Consciousness represents a continuum between waking and dreaming and each state is characterized by differences in reflective awareness, the voluntary pursuit of thought, and forms of thought organization. Thus consciousness is not a unitary phenomenon and becomes an organization subserving cognition.

Rapaport's programmatic survey of the theory of the ego led him to examine the essence of psychoanalysis as a developmental psychology. Every developmental psychology must include propositions about intrinsic maturational factors in addition to developmental ones. Instinctual drives, restraining structures, and synthetic functions are such maturational factors. He also wrote about motivation, making the crucial though not original distinction between causes and motives of behavior (not all causes thereof being motives). He also suggested that the theory of consciousness may provide a starting point for a theory of learning, a hypothesis he proceeded to investigate empirically. A theory of learning, he felt, would be one of structure-formation fashioned in terms of the binding of attention cathexis. Considerable quantities of attention cathexis are required while a structure is being built; once this has been accomplished, most of the cathexis is released to be made available for further attention and structure formation. Drs. Klein and Gill also spoke of Dr. Rapaport as a person, teacher, collaborator, and champion of psychoanalytic theory, and of his unfinished work.

DISCUSSION: Dr. Charles Fisher took up the question of the ontogenetic manner in which the secondary process evolves from the primary process. He did not feel that Dr. Rapaport had demonstrated clearly that the secondary process has independent and innate sources. He quoted some unpublished correspondence he had had with Dr. Rapaport in which the latter had stated that the ego 'uses' primary process modes of thought and behavior as well as secondary, and that the primary process mode of functioning does not only characterize the id. He had asked how it came about that primary process mechanisms coordinated with

the 'average expectable environment': do they become reality adapted? or do they from earliest infancy develop secondary process characteristics? In other words, do secondary processes have an independent development or do they develop from primary processes? Dr. Fisher felt that the answer to this question might be found in Peter H. Wolff's monograph on Piaget and Psychoanalysis, which had been written under Dr. Rapaport's aegis. The suggestion that emanates from this work is that there is a continuous and yet simultaneous development of these processes. In earliest infancy, the relationship of the infant to non-human, inanimate objects forms the reality adapted core, i.e., presumably according to secondary process characteristics. Such relationships occur during periods of low drive or need tension, whereas during states of heightened drive or need tension, the relationship to human objects is based on primary process modes of functioning. Dr. Rudolph Loewenstein wished to correct two impressions that he felt Dr. Klein's presentation may have made. He stated that in at least two papers Freud had anticipated Dr. Rapaport in emphasizing the innate basis of drive-restraining and drive-adaptive forces. He also pointed out the importance of distinguishing the animistic thinking of primitive peoples and the primary processes. Dr. Max Schur and Dr. Jan Frank added some personal reminiscences of Dr. Rapaport and praised his scholarship, erudition, knowledge, wide range of cultural interests, and achievements as teacher and critic.

HERBERT WEINER

### MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

October 16, 1961. THE PARENT AS SPHINX. Leonard L. Shengold, M.D.

Parallels between Jocasta and the monstrous, murderous Sphinx have been pointed out by many authors, notably by Kanzer who states that the Sphinx serves to remind us that together with the erotic incestuous drives toward Jocasta, there is also anxiety and aggression aroused by the preœdipal mother. The Sphinx represents the terrifying primal parent who emerges in ontogenetic development as the bad mother of the oral sadistic stage—the cannibalistic mother. In present-day reality the figure can be approximated by a psychotic parent whose defused instincts can bring into play, in relation to the child, the intent to torture, kill, and devour. Meaning can be added to the Riddle of the Sphinx by remembering what Mahler points out about symbiotic psychotic mothers who turn against their children at the advent of the separation-individuation phase. It is the maturational growth of locomotion, bringing about the experience of separation and reunion with the mother, that cannot be tolerated. The riddle is about motility; in answering it Œdipus established his identity and his manhood. Instead of devouring the weak, defeated challenger, the Sphinx hurls herself to her death; the child breaks the symbiotic relationship.

A close study of the Œdipus plays reveals Jocasta as primal parent, directly as well as via the Sphinx. It is Jocasta who gives the child over to the herdsman to be killed, although she mendaciously attributes it entirely to Laius. When this



is about to be revealed she rushes off to her suicide, again abandoning her son. Oedipus, who is just about to learn that his wife Jocasta is his mother, and a mother who desired his death, then engages in a grandiose denial. He attributes Jocasta's rushing off to offended pride: 'Yon woman [Jocasta] thinks shame of my base source. But I who hold myself son of Fortune that gives good, will not be dishonored. She is the mother from whom I spring.' After blinding himself with Jocasta's brooches (according to Kanzer, the claws of the Sphinx) Oedipus, in Oedipus at Colonnus, insists upon merging with this delusive good mother, Fortune. In that play the identification with the cannibalistic mother is most clearly seen in Oedipus' cursing and praying for the death of his sons: 'my slumbering corpse, cold in death, shall one day drink their warm blood'.

This combination of delusional insistence upon being the child of Fortune together with an overwhelming need for punishment (banishment, castration, death), the author has noted in two patients who were seduced as small children by their psychotic mothers. Both patients showed simultaneous or alternating contradictory superego attitudes: a sadistic superego expressed in a strong need for punishment and a compliant superego allowing fulfilment of almost every impulse. These patients experienced true traumatic anxiety in their experiences at the hands of their mothers, and the overwhelming stimulation brought about the threat of ego dissolution. The child's immature psychosexual organization, incapable of orgasm, cannot adequately discharge the stimuli. Incontinence and fainting often result. The wish for a castrative penetration can be mobilized to end the torment of finally unbearable forepleasure. This 'anal explosion' is both wished for and feared.

Such overwhelmingly stimulating, cannibalistically charged seductions threaten to break through the protective shield against stimuli and, as a defense measure, a partial re-establishment of the symbiotic relation is attempted to deal with the overwhelming stimuli. As in normal development, the child must have a good mother to keep the stimulus barrier intact against the access of mainly aggressive stimuli and to ward off ego disintegration. The very mother who makes her child the object of attack has to be called on to get rid of the unbearable sensations and affect. This involves partial regressive, symbiotic use of the good mother as ego-auxiliary, and an identification with the aggressor; in other words, identification with both the good and the bad mother. Consciously, however, the bad mother is denied. Aspects of the mother's goodness are insisted upon by these patients, as Oedipus insisted that his true mother was Fortune—a good mother. If elements of goodness were really present, and of course at least minimal need-fulfilling functions must have been served for the child to have survived, these were stretched and pieced together into a confabulated good mother held onto with delusional persistence. In analysis, there is always a concomitant delusion about the bad analyst who, like the honest seer Tiresias in the legend, is hated as the source of evil for representing what is true. Truth as the enemy implies inevitable defects in judgment and understanding (paralleling Oedipus' blindness) in these patients who are involved in an attempt to approximate a psychotic parent's ability to wave away reality, especially the reality of the incestuous seductions.

DISCUSSION: Dr. Gustav Bychowski feels that seduction, which was so important a concept to Freud, reappears in a 'refined' fashion. He noted that there is much ethnological material, particularly in Róheim, pointing to the closeness of the Sphinx and Jocasta. The collective delusions of the witches reflect the ambivalent mother imago; witches are seductive and yet destroy and devour gullible young men. From a clinical point of view Dr. Bychowski's experience confirms that the ego under the impact of such libidinal overstimulation as Dr. Shengold describes is not able to differentiate between ego and nonego. This leads to potentialities for penetration from outside, resulting in persecutory feelings. The easy transition from active to passive, and vice versa, facilitates this. Dr. Bychowski agreed too with the author's emphasis on the narcissistic identification with the mother and the inability to maintain a unified ego identity. The turning against one's self, a most primitive mechanism of the archaic ego, leads to reversal of roles. The child becomes the object of the mother's cannibalism, which can be the core of a paranoid delusion. This structure can remain isolated as the deepest core of a latent psychosis, or a neurosis with a repressed oral nucleus, as Dr. Bychowski illustrated from his own case material. He concluded by asking if reversal were not the main mechanism: 'Is it not the child who originally wants to incorporate the parents?'

Dr. Mark Kanzer noted that psychoanalysis has focused on œdipal, negative œdipal, and preœdipal aspects of the Sphinx, to which Dr. Shengold adds the problem of earliest ego-object differentiation. The infantile motility elements are borne out by the agoraphobic behavior of Œdipus, who encounters danger on the highways and must travel with Antigone, the desexualized Sphinx mother with whom he can fuse. Dr. Kanzer pointed out additional infantile memories with preverbal features alluded to in the myth, which tended to link the Sphinx with the sirens. Certain aspects of fusion represent primal scene content and the child's perplexities about intercourse, sexual differences, and birth. The personality aspects of Œdipus, an emotional focus of the tragedy, are derived from postinfantile development; the problem is one of reorganization of the preœdipal under the domination of the œdipal tendencies. Kanzer believes the Sphinx presents a number of riddles, and that in the individual patient's psychoanalysis and transference neurosis the particular riddle is deciphered. He feels that for Œdipus Rex the dominant imagery was sexual, though preœdipal fantasies could be discerned. Cultural aspects too were present. Œdipus was a vegetation god and the 'annual sacrifice of a king as son consort of the divine queen was a custom deemed necessary for good crops'. For these reasons Kanzer felt that, although Dr. Shengold's contribution of the primal parent was a pertinent one, the more universal aspects of the Riddle of the Sphinx should not be overlooked.

Dr. Jan Frank pointed out that the fathers were omitted in the presentation of the clinical material and he wondered if they were not psychotic or latently psychotic too. He also noted that one might be seeing in these patients a *folie à deux*, or a type of conversion hysteria. Such overstimulation by the father or mother can lead to recapitulation, like a fate neurosis or the Flying Dutchman where the patient wants to recapitulate by challenging fate. Early seduction retards the reality testing and synthetic parts of the ego, and with psychotic or



neurotic patients results in quasi-primary narcissism, fate neurosis, and ego defect.

Dr. William Niederland commented on the concept of a primal parent which he found very useful. He reviewed Freud's description of demoniacal possession and a subsequent book by MacAlpine and Hunter dealing with the same material. In the latter, paintings were presented that suggested the devil was really the primal parent, with father and mother attributes; one of the paintings of the devil showed both penis and breast formations on the same figure. Dr. Niederland also noted that in Schreber's delusion the deity is a fused object with both paternal and maternal attributes. Furthermore, the clinical material of Dr. Shengold's paper corresponds to the clinical facts on Schreber; the extensive seduction by his father who, by usurping the maternal role, was both father and mother ('primal parent') to the son.

Dr. Max M. Stern stressed Freud's point of view that every mother is the seducer of her child. He discussed the impact of maternal seductive wishes and felt that this point deserved to be pursued further in connection with Dr. Shengold's theses.

In concluding, Dr. Shengold stressed that he did not mean to minimize the classical oedipal interpretation of the riddle, but wished to emphasize additional preoedipal interpretations.

LAWRENCE DEUTSCH

November 20, 1961. MUSCLE ACTION AS NONVERBAL AND PREVERBAL COMMUNICATIONS.

Edwin Corbin, M.D.

Dr. Corbin discussed the role of muscle action as a regressive form of communication substituting for verbalization, in a twenty-three-year-old patient's relations to her child and to her analyst. The patient suffered from trembling hands, muscle spasms in her chest and legs, and pharyngeal spasms. She frequently assumed a masculine posture in intercourse, accompanied by fantasies of destroying her husband's penis by contractions of her vaginal musculature.

Most of the material presented came from a study of the effects of the patient's muscular behavior on her children, as reported in her analysis. She felt that her tense, tight holding of her infant made him cry after a few minutes at the breast. This symptom in the child was cured when analysis revealed that she was erotically stimulated during the nursing, and had unconscious fantasies in which her breasts were equated with penetrating penises. Further difficulties occurred during bowel training of the child. Her identification with him in his anal-erotic pleasure in stool retention was communicated to the child by way of her teasing presence near the toilet and her overzealous wiping of the boy's anus. After her intense anal-erotic fixations were analyzed the child's training was easily accomplished. Anal-erotic stimulations between the patient and her father were communicated to her child by action rather than verbalization.

The patient used words poorly, talked softly, and was often silent. In analysis, talking inaudibly and ramblingly was a defense against free association. Many oral-sadistic fantasies appeared in the transference. Yet, while eating and talking were inhibited, a large part of the instinctual energy was discharged by displacement

onto postural musculature, as in the trembling hands before eating and in her inability to hold her second child during bottle feedings. She directed 'muscular sadism and aggression derived from anal and oral sources' toward her child. The tight muscles were unconsciously equated with an erect penis. Later motility could be used to inflict pain for useful educative purposes, as in spanking, whereas formerly it was discharged as part of an anal rape fantasy which could only be maintained if the child continued to be untrained.

The author postulates that unconscious muscular action avoids superego censorship and therefore allows gratifications which would not be allowed if expressed by words. The patient's anal sphincter was an oedipal link to her father and it became a similar link to her son and analyst. Her body, and its muscles, replaced her father's penis as the tools of rape. This was especially significant where it involved her child, since preverbal communications between mother and child are particularly powerful determinants of early ego and superego formation.

DISCUSSION: Dr. Paul Kay discussed issues involved in patients' nonverbal communication to their children. He cited authors who have contributed analytic studies to this theme, including Melitta Sperling and Hellman. He felt that Dr. Corbin's paper touched on problems concerning the child's congenital equipment and tendencies, and the effect of these on the mother-child interaction at various stages of development. He questioned, for example, whether there was an excessive disposition in the discussed child to react to anal-erotic stimuli because of heightened physiological needs. He also felt that it would be worth-while elaborating on the role of sensory elements in nonverbal motor communications. Dr. Kay described his work with an autistic child of three in whom he perceived adaptive and developmental functions in the area of nonverbal motor behavior. He described in some detail her developing mastery of objects in his office, using the functions of perception and motility as well as memory and thinking. This behavior preceded both direct contact with the therapist and verbal contact with the object world since the child had not used words at all in this phase of her development. The therapist's presence could be tolerated only for limited periods and as a need-satisfying object. Dr. Kay related this child's periods of withdrawal from him to the mother's unspoken affects and wishes. He felt that the child's motor communications with his 'animated' possessions kept alive her primitive attachment to him and also developed basic ego functions, such as the perception and testing of inner and outer reality, identification, thinking, displacement, and the awareness that a human relationship can be satisfying.

SHELLEY ORGEL

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The CHICAGO INSTITUTE FOR PSYCHOANALYSIS will award its third biennial Franz Alexander Prize of three hundred dollars in 1962 to the author of a paper in the field of psychoanalysis. All graduates of the Chicago Institute since 1952, except members of its staff, are eligible to submit papers. The papers should either be unpublished, or published no earlier than 1960, and should be submitted in five



copies before October 1, 1962, to: Dr. Louis B. Shapiro, 664 North Michigan Avenue, Chicago 11, Illinois.

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At the first meeting of the WESTERN NEW YORK PSYCHOANALYTIC SOCIETY, on June 18, 1961, the following officers were elected: President, Sandor S. Feldman, M.D.; Secretary-Treasurer, Sidney Rubin, M.D. The scientific program consisted of a paper by Dr. Murray D. Lewis entitled, Analysis of a Transvestite Masturbation Fantasy; the discussant was Dr. Angelo Madonia. At its second meeting on November 18, 1961, Dr. Sandor S. Feldman presented a paper entitled, The Attraction of the Other Woman.

The Society notes with sorrow the passing of one of its charter members, Walter W. Hamburger.

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Edith Weigert, M.D., Director Emeritus, Washington Psychoanalytic Institute, delivered the annual Sandor Rado Lectures at the COLUMBIA UNIVERSITY PSYCHOANALYTIC CLINIC FOR TRAINING AND RESEARCH on April 6 and 7, 1962. Her topic was Goals in Psychoanalysis.

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Dr. Angel Garma, of Buenos Aires, Argentina, was the Alfred P. Sloan Visiting Professor in the MENNINGER SCHOOL OF PSYCHIATRY in Topeka, Kansas, during January and February 1962. Dr. Garma is a training analyst in the Buenos Aires Institute for Psychoanalysis. With other colleagues he founded the Buenos Aires Institute and the Argentine Psychoanalytic Association in 1943, and he has been president of both. Since 1959, he has been president of the Society of Medical Psychology, Psychoanalysis, and Psychosomatic Medicine of the Argentine Medical Association.

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From July 9 to 13, 1962, the Fourth LATIN AMERICAN CONGRESS FOR PSYCHOANALYSIS will be held in Rio de Janeiro, Brazil. Papers will be presented on Normal and Pathological Aspects of Grief, Extraverbal Communication and the Analytic Situation, and Psychoanalysis of Social Institutions. On July 14, planned as Pan-American Day, papers of colleagues from the United States and Europe will be presented. Address inquiries to the Sociedade Psicanalítica do Rio de Janeiro, Rua Fernandes Guimarães, 92 Botafogo, Rio de Janeiro, Brazil. During the following week the Third LATIN AMERICAN CONGRESS FOR GROUP PSYCHOTHERAPY will be held, also in Rio de Janeiro.

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The Seventh Annual Conference of the AMERICAN ACADEMY OF PSYCHOTHERAPISTS will be held on October 6 and 7, 1962, at the Palmer House in Chicago, Illinois. The theme of the conference is: How Can the Scientist Help the Psychotherapist? For further information write to: Dr. Albert Ellis, 333 West 56th Street, New York 19, N. Y.

A Symposium on Reinterpretation of the Schreber Case: Freud's Theory of Paranoia was held at the Annual Convention of the EASTERN PSYCHOLOGICAL ASSOCIATION, at the Chalfonte-Haddon Hall Hotel, Atlantic City, New Jersey, on April 26, 1962. The panelists were Arthur Carr, Ph.D., Renatus Hartogs, M.D., William G. Niederland, M.D., Jule Nydes, M.A., Robert B. White, M.D., and Philip M. Kitay, Ph.D., Chairman.

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BOSTON UNIVERSITY announces that one of the few existing complete transcripts of the trial of Nazi doctors at Nuremberg in 1947, for atrocities performed on concentration camp prisoners as human guinea pigs, has been donated to the Boston University Law-Medicine Research Institute by a Boston psychiatrist, Dr. Leo Alexander, who participated in the trials as consultant to the Secretary of War. The material will be prepared for inclusion in the new medico-legal library which is being established as a part of the research program at the Institute, the country's first interprofessional law and medicine research center. It will be particularly significant in regard to the Institute's project, supported by the National Institutes of Health, to examine the legal, ethical, and moral aspects of clinical research involving human subjects in the United States.

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Cambridge University Press has announced a new journal, *The British Journal of Social and Clinical Psychology*, published for the British Psychological Society. The first issue appeared in February 1962.

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THE FIRST INTERNATIONAL CONGRESS OF PSYCHOSOMATIC MEDICINE AND MATERNITY will be held July 8-12, 1962 at the Nouvelle Faculté de Médecine, 45 rue des Saints-Pères, Paris VI, France. The papers will be devoted to psychosomatic problems in pregnancy, childbirth, and the postpartum period. Official languages: English, French, and German.



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# THE UNCONSCIOUS FANTASY

BY DAVID BERES, M.D. (NEW YORK)

*God guard me from those thoughts men think  
In the mind alone;  
He that sings a lasting song  
Thinks in a marrow-bone.*

W. B. Yeats

The concept of unconscious fantasy was described by Freud in his earliest writings and one may ask whether there can be anything new or clinically significant to say about it. But however familiar it may be in our daily work, the term unconscious fantasy remains ambiguous and unclear. We can, of course, describe easily and immediately the conscious fantasy; it is recognizable in its verbal form or in some plastic representation, such as a painting or a sculpture. The unconscious fantasy can only be assumed. We surmise its existence from the effects it produces, as the physicist surmises the existence of the electrical particles of atoms by the effects they produce. We assume the unconscious fantasy from the neurotic symptom, the dream, or other derivatives, but once it is expressed it becomes a conscious manifestation, a conscious fantasy. But how would one describe an unconscious fantasy?

To protect a concept from becoming a cliché or an item of technical jargon it is worth-while to ask questions and to seek answers. It is my conviction that the more we clarify basic psychoanalytic concepts in terms of the theoretical advances of ego psychology, and specifically the structural theory of psychic functioning, the more valuable they become in clinical work.

This paper, an exploratory approach, deals with the concept of the unconscious fantasy from three points of view: 1, the clini-

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cal or empirical; 2, the metapsychological; and 3, the nonpsychoanalytic.

### CLINICAL AND EMPIRICAL

The battle to prove the existence of unconscious psychic activity is long past. It is no longer necessary for a psychoanalyst to write on the Justification for the Concept of the Unconscious, as Freud did in 1915 (21). His statement in *The Ego and the Id* that 'the division of the psychical into what is conscious and what is unconscious is the fundamental premise of psychoanalysis' (7, p. 13) has become also a premise in other fields, including academic psychology, applied psychology, anthropology, and literary criticism. Whether this premise—dividing psychic life so sharply into what is conscious and what is unconscious—is today placed in as central a position is open to question and will be discussed later.

The concept of unconscious mental activity was described before Freud. It is interesting to note that at about the time William James was vigorously attacking the idea that unconscious mental states exist (29, I, pp. 164, ff.), Freud was assembling convincing proof to support the concept. Freud's great contribution is not that he discovered unconscious psychic functioning; it is that he subjected the concept to scientific study and presented conclusive evidence of the unconscious dynamic forces underlying both normal psychic functioning and symptom formation in pathological states. In *The Interpretation of Dreams*, Freud brought together many ideas already hinted at in his earlier letters to Fliess (15, pp. 196, 223). He described 'the vanished mental life of children' (12, p. 250) and, in the section on typical dreams, gave the clinical basis for the concept of the unconscious fantasy which contains the forbidden wish and appears in distorted form in the dream (12, pp. 241, ff.). Of these fantasies, the most familiar is, of course, the oedipal fantasy. Freud stated in the seventh chapter that 'hysterical symptoms are not attached to actual memories but to fantasies erected on the basis of memories' (12, p. 491). In *Three Essays on the Theory of Sexuality*, Freud listed some of the common fantasies of puberty (20, p. 226), and



in his paper on *Hysterical Fantasies and Their Relation to Bisexuality*, he stated that 'unconscious fantasies are the immediate psychical precursors of a whole number of hysterical symptoms' (9, pp. 161-162). He stated further, 'Unconscious fantasies have either been unconscious all along and have been formed in the unconscious; or—as is more often the case—they were once conscious fantasies, daydreams, and have since been purposely forgotten and have become unconscious through "repression"' (9, p. 161).<sup>1</sup>

These considerations have remained fundamental working concepts in psychoanalysis, and the basic aim of the psychoanalytic process in its clinical application is the reconstruction of the infantile, unconscious fantasy and its objectification in verbal form. In an earlier study I compared this process to the creative process in the artist, and emphasized the role of communication, which brings the unconscious fantasy to consciousness in both artistic creativity and in the productions of the analyst (2). The psychoanalyst is not alone in the recognition of the strength of unconscious inner forces; the poet and the artist function under the influence of forces beyond their conscious control, as was known to the Greeks and to the authors of the Bible. The inspiration that was once attributed to the activity of a supernatural agent is now recognized as the derivative of unconscious psychic activity. Further, in clinical psychology it is axiomatic that the evocation of unconscious fantasies is the basis of projective psychological tests.

The clinical importance of the unconscious fantasy in both normal and pathological psychic functioning is so firmly established that the point need not be belabored. It is not necessary to list the common fantasies we meet in our day-to-day analytic work, as well as in myths, fairy tales, and literary works: oedipal fantasies, rescue fantasies, fantasies of mystical union, and many others. The unconscious fantasies of castration and of the phallic woman have been amply described in studies on fetishism, es-

<sup>1</sup> We are all familiar with the role of fantasy in masturbation and we assume with good reason that the compulsive masturbator, who has no conscious fantasies, is motivated by unconscious fantasies.

pecially those by Freud and by Greenacre (22, 23). In *Splitting of the Ego in the Defensive Process* (19), and in *An Outline of Psychoanalysis* (16, p. 116), Freud noted the remarkable capacity of the fetishist to maintain at the same time a realistic awareness of the anatomical differences of the sexes and an unconscious fantasy that the woman, as well as the man, has a penis. Freud also described unconscious fantasies in normal psychic functioning in *The Psychopathology of Everyday Life*; for example, about the phenomenon of *déjà vu* he said, '... the feeling of *déjà vu* corresponds to the recollection of an unconscious fantasy' (17, p. 266).

Here we may consider also the pleasure in the joke. Freud stated: '... a joke loses its effect of laughter even in the third person as soon as he is required to make an expenditure on intellectual work in connection with it. The allusions made in a joke must be obvious and the omissions easy to fill; an awakening of conscious intellectual interest usually makes the effect of the joke impossible' (13, p. 150). The allusion, as Freud said, must be obvious, but the energy discharged in laughter has previously cathected an unconscious fantasy. In a play on words, for instance, it is the sound of the words, not their meaning, which acts as a signal to trigger the discharge of an existing unconscious mental organization and thus yield pleasure (13, p. 119).

There exist marked differences in the psychoanalytic literature on the definition of the term fantasy, but they will not be considered here. However, the widely deviant theories of the Kleinian school will be discussed later. In a recent paper I described fantasy-formation as a ubiquitous human psychic function, a manifestation of the imagination, and a factor in reality functioning (3). Freud noted that fantasy is one species of thought activity (8, p. 222).

What has been said so far serves only to support the value of the unconscious fantasy as an operational concept, a working hypothesis. Nothing has been said about the nature of the unconscious fantasy. We assume with Freud that fantasies derive from unsatisfied wishes, but this raises the further question of the psychobiological nature of wishes and their relation to instinc-



tual drives, as well as to fantasies. I propose to focus on two aspects of the nature of unconscious psychic functioning: first, the organization of unconscious mental content, and second, the energetic vicissitudes. The assumption of an organized unconscious fantasy is, of course, a familiar concept, implicit in the clinical objective of reconstruction in psychoanalytic practice. The metapsychological<sup>2</sup> questions shall be discussed later in the paper.

Freud, in *The Interpretation of Dreams* and in later writings (12, p. 491 and 5, p. 148), described the role of unconscious fantasies in dream thoughts and suggested that the dream work makes use of ready-made unconscious fantasies. He accepted the view that the dream process is a rapid and instantaneous one and indicates the perception by consciousness of preconstructed dream content, that is, of a highly organized unconscious mental content (12, p. 590). A recent application of this concept is found in Arlow's paper on *Ego Psychology and the Study of Mythology* (1). Arlow discussed unconscious fantasy thinking and described it as an ego function. He then went on to speak of the unconscious fantasy as an 'organized image' in analogy to a photographic transparency. While there is ample clinical evidence of organized, structured, unconscious fantasies, whether the structure may be spoken of as an 'image' seems to me questionable. Imagery is a conscious phenomenon, and the choice of image (as in a metaphor) is indicative of a pre-existing organized unconscious mental content (17, p. 216; 32).

In this connection the speculations of neurophysiologists who compare the brain to a computer machine are interesting but far from convincing. We may be sure that the forms in which memories, images, and thoughts are stored in the brain are as far removed from their manifest appearances as the electrical charges stored in a computer machine are from the words and numbers delivered by it at the end of a computation. In both

<sup>2</sup>I follow reluctantly the accepted use of the term 'metapsychological'. I believe it should be dropped. The Oxford English Dictionary states: 'meta- has been prefixed to the name of a science, to form a higher science of the same nature, but dealing with ulterior problems'. There is nothing ulterior about psychoanalytic psychology, and I should prefer to use the term 'psychoanalytic psychology' for what is usually called metapsychology.

instances we have the capability of rapid transformation; one with the speed of nerve transmission, the other with the speed of electrical energy.

Every analyst can give numerous examples of conscious fantasies which are evoked with such immediacy in the transference situation as to make more than plausible the assumption of pre-existent, organized unconscious fantasies. An unavoidable interruption, the sound of a police siren, the analyst's movements in his chair, will in every case bring to consciousness a fantasy specific for the individual patient. Similarly, reality situations, such as the danger of nuclear war, the death of a president or a king, a change in the weather, activate fantasies consistent with the patient's other productions and reveal unconscious fantasies in all areas of psychic conflict. We are on safe ground with clinical observations that permit us to see the relation of unconscious fantasies to instinctual drives, to intrapsychic conflict, and to defensive activities of the ego, as well as to recognize in the manifest behavior, thought, and symptoms of the patient the wish behind the fantasies. But these observations leave unanswered other questions that are, perhaps, more fundamental.

Some questions have already been indicated. What is the nature of these 'ready-made' unconscious fantasies? Are they verbal, aural, tactile, visual, or kinesthetic, as are our conscious fantasies? What is the relation of the unconscious content to the derivatives of which we are conscious? What goes on in the mind in the instance of the forgotten dream, the repressed thought? And what of the reverie, the nonverbal, amorphous fantasy? These questions deserve our thought, however incomplete our answers may be.

### METAPSYCHOLOGICAL CONSIDERATIONS

We have already referred to Freud's statement that 'the division of the psychical into what is conscious and what is unconscious is the fundamental premise of psychoanalysis'. But Freud was never satisfied with his early attempts to explain the theoretical basis of the conscious-unconscious dichotomy, and further developments in psychoanalytic theory have led recent authors to



share this sense of dissatisfaction. As we know, the early topographical theory in which Cs, Pcs, and Ucs were designated as psychic systems was found inadequate as clinical experience gave evidence of unconscious ego functions previously assigned to the system Pcs. In the structural theory, the psyche is divided according to its different functions—into id, ego, and superego—, and consciousness and unconsciousness are qualities that describe various psychic manifestations. Thus Cs and Ucs, as well as Pcs, are no longer systems. Grammatically, they are no longer nouns; they are adjectives. The clinical importance of the phenomena they describe is undiminished; only our theoretical orientation has changed.

Already in 1915, when Freud was still expounding the topographical theory, he spoke of the difficulty of escaping 'the ambiguity of using the words "conscious" and "unconscious", sometimes in a descriptive and sometimes in a systematic sense' (21, p. 172). Usually we assume that conscious psychic productions (except in psychoses) are structured and organized, whereas unconscious psychic content is unstructured and disorganized. But, following what Freud wrote as far back as 1900, I postulate that unconscious mental content may be highly organized. Freud discussed this question in detail in his consideration of Maury's famous guillotine dream (12, pp. 495, ff.). However, granting that both conscious and unconscious fantasies are organized, are there distinguishing differences between them?

Here let us consider further the role of fantasy in psychic functioning. Descriptively, a conscious fantasy is a structured psychic complex made up of images or words. It may be a simple, isolated image or a complicated story. Freud equated fantasies and daydreams (5, p. 145). He made the surprising statement, with which I do not altogether agree, '... a happy person never fantasies, only an unsatisfied one' (5, p. 146). In so far as fantasies arise from unsatisfied wishes of the instinctual drives or the frustrations of the outer world this is correct, as exemplified by an earlier statement that 'nothing but a wish can set our mental apparatus at work' (12, p. 567). What distinguishes fantasy from other mental representations is its function of wish

fulfilment, which it shares with the dream. I believe that fantasy also has a wider function in its relation to the ability of the ego to deal with reality, which I have dealt with elsewhere (3).

If we assume that the fantasy is activated by a wish which seeks gratification in discharge we must then bear in mind the energetic vicissitudes that influence the manifestations of the wish as well as the state of consciousness or unconsciousness of the fantasy. Also we must re-examine the concept of primary and secondary process activity and make more explicit the role of ego functioning in unconscious mentation. In *Project for a Scientific Psychology* and in *The Interpretation of Dreams* (15, pp. 386, ff.; 12, pp. 588, ff.), Freud emphasized the importance of examining psychic phenomena in relation to the modes of discharge, or inhibition of discharge, of the instinctual drive energies. With the development of psychoanalytic theory, the basic importance of the concept of primary and secondary processes of discharge has gained in significance. In *The Interpretation of Dreams* Freud wrote: 'All that I insist upon is the idea that the activity of the *first* psi-system is directed toward securing the *free discharge* of the quantities of excitation, while the *second* system, by means of the cathexes emanating from it, succeeds in *inhibiting* this discharge and in transforming the cathexis into a quiescent one, no doubt with a simultaneous raising of its potential. . . . I propose to describe the psychical process of which the first system alone admits as the "primary process", and the process which results from the inhibition imposed by the second system as the "secondary process" ' (12, pp. 599, 601).

The terms primary process and secondary process apply, then, to the mobility of psychic energies and the modes of discharge of these energies. Under primary process, psychic energies are freely mobile, unbound, subject to displacement and condensation, and pressing for immediate discharge; under secondary process, psychic energies are bound, no longer freely mobile, subject to organization and capable of delay of discharge. The products of these different psychic processes differ in ways that are familiar to psychoanalysts, and it is not necessary to go into further detail. Here we shall apply these considerations only to fantasy.



In our theory we are accustomed to say that the motivation for psychic activity is an instinctual stimulus. Freud suggested that a better term for an instinctual drive stimulus is a 'need' (11, p. 118). The need is a biological manifestation, an id function, still unstructured and without psychological content. Pertinent here is Freud's statement: 'An instinct can never become an object of consciousness—only the idea that represents the instinct can'. He went on to say, 'Even in the unconscious, moreover, an instinct cannot be represented otherwise than by an idea' (21, p. 177). Whether 'needs' also arise out of ego energies is an open question.

What are significant are the vicissitudes of the energies set into action by the needs. We assume that these energies are originally freely mobile and that they seek immediate discharge and gratification (in this instance we refer to primary process). But there are two other possibilities. One is the opposition to the discharge of the instinctual energies by the defenses of the ego, the countercahexes, which prevent discharge but do not alter the quality of the energies. The other is the binding and neutralization of the energies, with delay of discharge in accordance with the reality functions of the ego—what we recognize as secondary process.

Human psychic activity differs from that of animals, including, so far as we know, even the higher primates, by the mediation of ego functions between the instinctual drive stimulus, the need, and its gratification or inhibition. The ego of the human, we assume, does not simply gratify the need or inhibit it by direct neurophysiological processes (as does conditioning in animals) but, by its various functions, organizes the unorganized instinctual drives or needs into an organized structure which is still unconscious. This organized structure I would designate as a wish and would postulate that the wish is gratified in a fantasy. For the moment it is of secondary importance whether the fantasy becomes conscious or remains unconscious. I am here re-emphasizing what Freud said in 1915 (21, p. 190); specific reference to Freud's statements on this question will follow.

At this point again there are several possibilities. The wish, or fantasy, may be subjected to immediate primary process dis-

charge; discharge may be prevented by countercathetic defensive processes; or the instinctual drive energies may be bound and neutralized, and discharge effected later by secondary process in sublimated form.

An important question, still unanswered by psychoanalytic studies or the experiments of academic psychologists, is: When does the capacity to organize needs into structured psychic content begin in the child, and how does this capacity change as the child develops? However this may be, the capacity to 'organize' means that a new function has evolved in the child's psyche. It indicates the existence of a new psychic structure, the ego, but we do not know with certainty when it appears in the child. I maintain that the organization of need into wishes and fantasy, whether consciously or unconsciously, is an ego function. We need to learn much more about this process, the role of conflict, of autonomous ego development, and the interaction of other developing ego functions.

From this point of view it is a secondary matter whether a fantasy is conscious or unconscious. The fantasy is a structured mental representation, whatever the nature of its content, derived from instinctual drives and cathected by the energies of these drives. If the ego defenses supply sufficient countercaathexes, the fantasy does not reach consciousness. Nevertheless it remains cathected with the energies of the drives and may find expression in distorted derivatives. If the countercaathexes are not sufficient to repress the fantasy, the ego function of attention will bring it to consciousness. Freud made this explicit as far back as 1900 when he said, '... we see the process of a thing becoming conscious as a specific psychical act, distinct from and independent of the process of the formation of a presentation or an idea; and we regard consciousness as a sense organ which perceives data that arise elsewhere' (12, p. 144). Later he amended this, adding, '... becoming conscious is no mere act of perception, but is probably also a *hypercaathexis*, a further advance in the psychical organization' (21, p. 194).

So far an attempt has been made to demonstrate that the fantasy, whether conscious or unconscious, is an organized psychic



production. The organizing function is an ego function and, at least in the instance of the unconscious fantasy, operates unconsciously. The ego uses memory traces as building blocks and creates a mental representation with symbolic content. As suggested, the wish is already an organized mental representation and the fantasy a further development to gratify the wish.

Organization implies the binding of energies, since there must be delay of discharge to effect organization. To that extent, in the formation of a conscious fantasy and even of an unconscious fantasy, secondary process activity is in operation. I am fully aware that this suggestion—and it is at this point no more than that—runs counter to accepted theory that all unconscious mental activity is subject to primary process (21, p. 186). To the extent that the unconscious mental wish or fantasy strives for immediate or primary process discharge I agree with this accepted theory, but I would add that organization even of unconscious mental content, whether unconscious fantasy or unconscious thought, demands secondary process activity. It follows that we cannot equate primary process with unconsciousness and secondary process with consciousness (or preconsciousness).

That unconscious fantasies, once formed, press for immediate discharge and are subject to primary process does not contradict the proposition that secondary process has entered into the formation of the fantasy. We are familiar with the primary process qualities of complex linguistic and mathematical concepts in the thought disturbances of schizophrenic patients who use these complex productions to gratify instinctual drive needs with magical disregard of reality. The conscious fantasy of the neurotic or the normal person also accomplishes some instinctual gratification in discharge by way of imagery and speech.

At this point a question, for which I have no satisfactory answer, may be anticipated and considered. Let us assume that in the human mind organization of psychic content can occur at both conscious and unconscious levels, thus involving secondary process activity. But then, what of the immediate organized response of subhuman animals to a stimulus, the gestalt response? Shall we speak of this as secondary process and assume that the

subhuman also has a functioning ego which can bind psychic energy? This would contradict what I have implied earlier and what I have maintained in other publications—that the existence of ego functions and the capacity to bind instinctual energies is unique in the human (3, 4).

Can we resolve this dilemma? Certainly not with complete satisfaction because we know so little of the mental processes of animals. But we can avoid the error of equating two phenomena which appear similar only on the surface. What are the differences between the organized fantasy or the organized concept of the human mind and the organized concept of the animal? The basic one, I believe, is that the latter is evident only in response to an immediate stimulus, a direct perception. Only man, as far as available evidence indicates, is capable of evoking an image or idea in the absence of a direct perceptual stimulus. This I have called the imaginative process (4). Second, there is no convincing evidence of symbolic functioning in any living form of life except man. Harlow's experiments with monkeys and dummy mothers have aroused wide interest, with attempts to draw conclusions regarding human behavior and development (25). But it seems to me that Harlow has failed to recognize the distinction between a substitute object and a symbolic object. Animals far below the primate level, goslings and parakeets, for example, respond to substitute objects, but one can hardly attribute symbolic thought processes to them. These two differences—the mental representation of an absent object and the capacity for symbolization in man—set the organized content of the human mind in a separate category from the organized content of the animal mind. Of course one cannot deny that there is an evolutionary continuity, that human psychic functioning has evolved out of earlier forms of mentation.

We know that animals, in whom we assume there is no capacity for symbolization, can categorize perceptions and respond to complex configurations and spatial relationships. The sensorimotor response of animals, however, takes place only in response to immediate sensory stimulus. As Hallowell emphasized, in animals we deal with a presentation, not a re-presentation (24, p. 7).



We assume that concept formation, which in lower animals is accomplished by instinctive predisposition or by learning processes, is accomplished in man by the function of the ego. And we assume that concept formation takes place in animals without symbolization. We do not know whether, in man, all concept formation is accompanied by symbolization.

To return to the conscious-unconscious dichotomy: in his paper, *The Unconscious*, though still using the topographical theory, Freud warned: 'Study of the derivatives of the *Ucs* will completely disappoint our expectations of a schematically clear-cut distinction between the two psychical systems' (21, p. 190). Thus, as early as 1915, he was expressing his doubts about the topographical theory and foreshadowing the structural theory. He went on: 'Among the derivatives of the *Ucs* instinctual impulses . . . there are some which unite in themselves characters of an opposite kind. On the one hand, they are highly organized, free from self-contradiction, have made use of every acquisition of the system *Cs* and would hardly be distinguished, in our judgment, from the formations of that system. On the other hand, they are unconscious and are incapable of becoming conscious. Thus, *qualitatively*, they belong to the system *Pcs*, but *factually* to the *Ucs*. Their origin is what decides their fate. . . . Of such a nature are those fantasies of normal people as well as of neurotics which we have recognized as preliminary stages in the formation both of dreams and of symptoms and which, in spite of their high degree of organization, remain repressed and therefore cannot become conscious' (21, pp. 190, ff.). Also, as far back as 1900, Freud pointed out that 'the most complicated achievements of thought are possible without the assistance of consciousness' (12, p. 593).

Some comments on the Kleinian theories about fantasy are in order. Susan Isaacs, in *The Nature and Function of Phantasy*, states: '. . . There is no impulse, no instinctual urge or response, which is not experienced as unconscious fantasy' (28). She applies the term '*phantasy*' to all unconscious mental content in contrast to the term '*fantasy*' which she limits to conscious productions of the nature of daydreams. I agree with her formula-

tions to the extent that she emphasizes the importance of fantasy activity, both conscious and unconscious, in later stages of development, but, as do many others, I question the Kleinian theory of formed fantasies in early infancy and neonatal life.

If we are not to disregard the evidence of developmental psychology, including psychoanalytic studies of early development, we must assume that fantasy formation is not possible until there is a certain degree of ego development such as the organizing function, secondary process activity, conceptualization, and at least the beginnings of the separation of self and nonself. There is the further point, which Freud emphasized, that repression, which removes from consciousness the forbidden fantasy, 'is not a defensive mechanism which is present from the very beginning, and that it cannot arise until a sharp cleavage has occurred between conscious and unconscious mental activity' (18, p. 147).

Before the development of these specific ego capacities, the infant functions without fantasy and without symbolism. He is in a pre-imaginative phase. Before verbalization appears, the ego is capable of symbolic activity and fantasy formation. Isaacs also states that 'phantasies are active in the mind long before language has developed' (28, p. 84). Also, in later life, as she says, especially in art, there is fantasy without words.

Unanswered questions remain. It is easy to postulate unconscious mental processes which are recognized by their derivatives. On the other hand, it is difficult to conceptualize unconscious mental content. Does the unconscious fantasy exist in verbal form? Or as imagery? We do not know. However, as stated earlier, I consider all imagery as conscious and that it is necessary to assume some other state for unconscious mental content. Similarly, I would say that the unconscious fantasy is without verbal content and that verbalization is part of the process of making the fantasy conscious, though not an essential one.

Freud made this point in *The Ego and the Id* and emphasized the role of verbal images as the preconscious link that permits transition of a mental content from unconsciousness to consciousness. He indicated these verbal images were memory residues



(7, p. 20). He modified this formula later when he said that a connection with the memory traces of speech is not a necessary prerequisite of the preconscious condition (16, p. 42). Our problem is the reverse. What happens to the verbal content of a conscious fantasy when the fantasy is repressed and becomes unconscious, or what can be said of the nature of a fantasy that was organized before verbalization was achieved? We must assume that memory registrations of words exist, and we know that words may be subjected to primary process distortion in schizophrenic discharge activities, but much remains puzzling.

It is possible within the framework of psychoanalytic theory to formulate to some extent the energetic vicissitudes of the repressed mental representation. This question was discussed by Hartmann in 1952 (26, p. 12). There are three possibilities: 1, that the cathexes of the repressed mental content are unchanged in quantity but are now under the domination of the primary process; 2, that the cathexes are increased (by additional associated unconscious drive energies), still under the domination of the primary process; and 3, that the cathexes are displaced and altered. The third possibility offers the greatest challenge to our theory. In *The Dissolution of the Œdipus Complex*, Freud spoke of the complex disappearing and becoming extinguished; '... the destruction of the œdipus complex is brought about by the threat of castration' (6, p. 177). This is understandable only by granting that, although the 'complex' may disappear, dissolve, or otherwise cease to operate, the instinctual energies with which it was cathected are utilized in some other form. Freud emphasized the identifications which mark the dissolution of the œdipus complex and lead to ego and superego development. We may assume that the energies previously evident in the strivings of the œdipus complex are utilized in sublimations and in energizing the developing ego and superego functions; also, that the energies of preœdipal fantasies, as the latter are repressed, serve in the succeeding phases of libidinal and ego development.

One question that arises in relation to the unconscious fantasy is, I believe, a spurious one. When the topographical theory was the accepted one, it was customary to speak of a fantasy be-

ing 'in the system Cs' or 'in the system Ucs'. This has given place to speaking of fantasies 'in the ego' or 'in the id'. Also, some authors speak of 'ego fantasies' and 'id fantasies'. My disagreement with this usage is based on the presumption that in the structural theory we define psychic structures according to their functions. Ego, id, and superego, then, are abstractions to indicate certain functions that are grouped together, primarily according to their roles in conflict situations. They do not have existence in space, and to speak of 'id content' or 'superego content' is an act of reification and a contradiction of the original definition.

The fantasy is the product of the multiple functions of id, ego, and superego. It is motivated by id drives, organized by ego functions, and distorted and repressed by superego demands. If we assume that the fantasy which is unconscious retains its organization, to whatever degree, we must grant the continued activity of ego functions. 'The ego is an organization', Freud has said, 'and the id is not' (*IO*, p. 97). An 'id fantasy', then, is by definition a contradiction in terms, and to speak of a fantasy being 'repressed into the id' is, in my opinion, a complex of logical fallacies.

A final point: the role of instinctual drives in fantasy formation has been made clear, I hope, but I have indicated only briefly that the content of the fantasy is based on memory traces, i.e., on experiences in the life of the individual, perhaps even from earliest infancy. We do not know to what extent memories of early life serve the emerging ego in its function of fantasy formation. Specifically, I would not accept the Kleinian theory of 'inherent' fantasies which assumes that fantasies may develop without relation to perception. There is no evidence to support it.

### NONPSYCHOANALYTIC CONSIDERATIONS

Clinical psychoanalysis has established convincingly the operational value of the concept of the unconscious fantasy. Psychoanalytic theory has offered some useful formulations of the processes involved in unconscious fantasy activity and its rela-



tion to consciousness. But the content of the unconscious fantasy, its relation to verbalization and imagery, and its relation to neurophysiological processes, remains unexplored.

The concept of imageless knowledge or imageless thought appeared in psychological writings before the advent of psychoanalysis. Robert Leeper, in a detailed survey of Cognitive Processes, described the storm raging at the turn of the century around the problem of the relation of cognitive processes to consciousness. Psychologists have since come to agree—and to what extent psychoanalysis has influenced them is not made explicit—that cognitive processes can function without consciousness. Leeper's conclusions are moderate. He says, 'It remains true that one of our key problems concerns the difference it makes whether a cognitive process is conscious or not. Another question is why cognitive processes are conscious in some cases and not in others. But it does not seem helpful to include the characteristic of consciousness in the definition of cognitive processes' (31, p. 736). This is reminiscent of Freud's cautious statement quoted earlier.

Leeper further described experiments which showed that inductive concept formation may be accomplished without verbal formulation. 'Even when some verbal formulation is achieved, it is not always true that the concept is acquired by verbal means' (31, p. 740). The problem of category formation in man and in animals is now the subject of intense psychological research and the questions being studied were raised by Freud in 1900 and earlier. These experimental studies confirm the psychoanalytic concept of the existence of highly organized mental contents that are both unconscious and nonverbal; among these are the unconscious fantasies.

The neurophysiologist also has an interest in this problem. Sir Henry Head introduced into neurophysiology the concept of an unconscious 'body schema' to explain the normal and pathological manifestations of sensory responses and postural awareness (27, Vol. II, p. 605). In psychoanalysis this concept has become 'body image', an ego function of great clinical importance. Careful psychoanalytic study of the aphasia may

throw new light on the problem we are considering. The phenomenon of the aphasic who is aware of what he wants to say but is unable to say it is familiar to all of us, and is another example of organized mental content without verbalization.

Psychologists and philosophers tend to emphasize the importance of language in thinking. For instance, Suzanne Langer says: 'Real thinking is possible only in the light of genuine language, no matter how limited, how primitive' (30, p. 63). Much depends on how thinking is defined. If considered from the psychoanalytic viewpoint, which is essentially an energetic one, i.e., that 'thinking is an experimental dealing with small quantities of energy' (14, p. 124; 8, p. 221), Langer's statement is limiting and does not allow for the contribution of unconscious thought and unconscious fantasy in human psychic functioning. I am assuming here that these unconscious processes are nonverbal. Later, Langer states: 'There is an unexplored possibility of a genuine semantic beyond the limits of discursive language' (30, p. 86). Does she then assume meaning without thought? Such questions, for the moment, must remain unanswered. It seems, so far, that the problem of unconscious mentation has been explored mainly by psychoanalysts and may remain a problem for them and for psychoanalytically trained psychologists.

Another area where the concept of the unconscious fantasy may be significantly applied is in aesthetics, the artistic creation, and the aesthetic response. We have all experienced the response to music, poetry, and other artistic stimulation which comes without understanding but with great force and conviction. This response may, though not necessarily, go on to image, conscious fantasy or thought. We can only assume that the evocation of affect is associated with an unconscious fantasy and that the latter is an organized and structured mental representation.

### SUMMARY

In clinical work psychoanalysts have found the concept of unconscious fantasy to be a working tool of great value, if not indispensable. When we attempt to understand it theoretically, we are faced with difficult questions, some at present unanswer-



able. Paradoxically, the state of consciousness or unconsciousness appears to be of secondary importance in the understanding of fantasy, its formation, and structure. Of greater significance are the cathectic shifts, the structure of mental content, the relation to verbalization and imagery, and the role of other ego functions—especially the synthetic or organizing function.

It is maintained that unconscious mental content may be highly organized and that the organization of needs into wishes and fantasies, whether consciously or unconsciously, is an ego function. It is postulated, then, that organization implies binding of psychic energy and that secondary process activity may take place unconsciously. We cannot, therefore, equate primary process with unconscious, and secondary process with conscious mental activity.

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# NECROPHILIA IN A THIRTEEN-YEAR-OLD BOY

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Two considerations seem to warrant the publication of this case. There are no published reports on necrophilia in children or early adolescents. The ambition to become an undertaker may shed light on the possible relationship of necrophilia to the choice of allied professions.

Necrophilia has only infrequently been the subject of psychiatric investigation. Among the early writers on sexual pathology, Ellis (7) and Krafft-Ebing (12) commented briefly on it. Tskeryaskin (23) and Spoerri (19) published descriptive psychiatric case histories. Rauch (16) included a lengthy review of the earlier literature in his case report.

In the psychoanalytic literature few papers on the topic are found. Necrophilia is not discussed in Fenichel's *The Psychoanalytic Theory of Neurosis*. Stekel (21) reported clinical material on necrophilia or necrophilic fantasies. Brill (3, 4) included a detailed review of the literature in his paper, and discussed two male patients, one of whom had attempted fellatio on corpses, and the second of whom had strong necrophilic fantasies which were acted out only once with a dead chicken. Rapoport (15) presented the case of a man arrested for kissing a female corpse in a funeral parlor. Karpman (11) reviewed these psychoanalytic references in *The Sexual Offender and His Offenses*. Dalman (5) mentioned two male patients with necrophilic tendencies in his paper on genital sadism: one had attempted intercourse with a corpse in a funeral home, and the other, after being jilted by his woman friend, dreamt of depositing something in the coffin of a young girl. Segal (17) reported on necrophilic fantasies in a patient. In his book, *On the Nightmare*, Ernest Jones (10) discussed the different forms and causes of necrophilia. However, no case material was presented. Marie Bonaparte (1, 2) in a paper and a subsequent book, *The Life and Works of Edgar Allan Poe: A Psycho-*

analytic Interpretation, suggested that Poe's great literary concern with horror, death, and love of the dead was a manifestation of a necrophilic type of love for his mother, who died when he was aged three. Glauber (9) showed how necrophilic fantasies may act as a deterrent to the study of medicine. Pomer (14) demonstrated how necrophilic fantasies similarly contributed to a work inhibition in a pathologist. Tarachow (22), in an article on Judas, included a discussion of necrophilia.

A thirteen-year-old Negro boy, John, was referred to a child guidance clinic because of an obsessive interest in death and in becoming an undertaker which began the year following the death of his twenty-six-year-old sister, Edith, from cancer of the stomach. The sister had been ill for thirteen months, and bed-ridden for the last five. There was much pain, which became intractable during her last weeks. Incontinence and constant hemorrhage from her rectum necessitated a great deal of care, a good part of which fell to the boy. He was concerned that the doctors could not relieve her pain and asked why she had to suffer so much when there were so many bad people on the street.

The boy, his mother, and a maternal aunt were nursing the sister when she died. When she stopped breathing John asked if she were dead. His mother told him she was only sleeping, but his aunt said she was dead. At this point, the boy began to cry and cried almost continually for two weeks. Subsequently anything that reminded him of his sister would start him crying. He developed insomnia, sleepwalking, nail biting, and headaches. He seldom attended school. He threatened to jump off the roof when his brother told him to pick up some papers he had strewn over the floor. His eating schedule and habits became grossly irregular; he would bake cakes, sometimes in the middle of the night, and eat only one slice. He would wear his mother's church choir hat into the bathroom and there sing songs of praise to her.

One year after the sister's death, the mortician who had buried her asked the boy to tend his funeral home while he



and his wife were away for several hours. This man had the same surname as John, but was not a relative. Following this visit, he returned to the funeral home frequently and started to visit other funeral parlors in Baltimore and Washington. He would place long distance calls to ask undertakers how business was, and wrote to mortuary colleges for catalogues. At home he typed letterheads marked 'John S's Funeral Home', complete with mock service charges. He read the obituary column daily and attended all the funerals that he possibly could. At home he talked about undertakers, embalming techniques, funerals, and costs of caskets. He was sarcastic about inexpensive funerals.

The mother had become illegitimately pregnant with Edith at the age of fourteen. She left her in the care of her own mother while she went to work as a laundress. At sixteen she married her present husband, who was then thirty-one years old. Their first son was ten years older than John and was currently a soldier in the regular army. Edith had married at sixteen when she was described as being 'wild and racing around the streets'. After three months she separated from her husband and returned to live with her parents; she worked as a domestic.

After an uneventful pregnancy and delivery, Mrs. S bottle-fed John because she never liked the idea of her 'breasts hanging out'. John stayed on the bottle until he was five. Weaning was accomplished by letting him suck through a straw from a cup. He used a pacifier until he was seven; if it were taken away from him or got lost, he would buy another one at the drugstore. He had never been fed baby foods, having been given solid foods from four months.

Toilet training began at nine months. He supposedly stopped wetting at ten months but was not bowel trained until he was four years old. Because he refused to sit on the toilet from fear of falling into it, his mother got him a pot. His reaction was to place the pot on his head, walk around the room, and defecate on the floor or in his pants. The sister was credited with having reared him from infancy. She would get him the toys he wanted. He was devoted to her and followed her wherever she went.

John was a slender boy, tall for his age. He had started to have trouble at school, he said, 'two years and ten months ago', at the time his sister died from cancer, 'a dread disease that people die from'. How did he feel about it? 'Well, you have to die of something; you got to go sometime. . . . It's good that she is out of her misery, that she's not in pain any more.' What did he think had caused his sister's illness? 'I'm gonna have to give a lot of thought to that. . . . I'm gonna have to read how they give injections in the vein.' He went on to tell that some doctor had given an injection to a woman who died of a heart attack so she would not look as if she had had one.

When he talked of his sister's death he sometimes smiled; also he smiled when he recounted that his friend, a woman undertaker aged thirty-five, had developed a 'blood tumor of the stomach' and died, and that her twenty-one-year-old sister had also died and was buried by her. He had several ideas of how and why this woman developed the 'blood tumor of the stomach': possibly she had been poisoned by some embalming fluid on her hands; she might have been hexed because she had neglected her old mother; or she may have 'gotten it because she was a dirty woman', which he exemplified as leaving 'flour around her home'.

He remembered that when he was young, Edith had had her tonsils removed and had blood around her mouth, although he denied actually seeing this. The hospital where the operation was performed he termed a 'slaughter pen'. About death in general, he felt that it was ' . . . not too bad, because nobody has come back and said anything about it. . . . When you're dead, when they bury you, nobody can bring you back.'

He talked endlessly about undertaking in a quasi-professional, businesslike manner. The first undertaker he mentioned was a man of seventy to whom he was 'going to keep real close' because this undertaker had told him, 'If you stick with me and do things for me, I'll take care of you when I die'. He had said first that he became interested in undertaking as a profession in November 1953 (the date of his sister's death) but immediately corrected this to November 1954. Why this in-



terest? 'Well, my sister died of cancer. She was wasted away, and they propped her up when they fixed her. They made her look like her real self; her stomach had been sunken in and they put some plaster of Paris in there, and they filled her mouth with cotton. They made her look better.' He wanted to go into undertaking because 'most people can get fixed up pretty good—some cases can't—and you can make a lot of money'. His sister had been 'real thin' and his mother went down to buy her a blue gown that made her 'look like her real self' when she was buried.

John was conversant with the dates, the names of the deceased, and the costs and the collections of the funerals at which he had assisted. He would frequently drop names of different undertakers. He definitely planned to become an undertaker but he had little realization that dropping from school, among other things, would make admission to a mortuary college impossible. He had written to mortuary colleges in Atlanta and Philadelphia for catalogues and was saving the money he made as an undertaker's assistant for the tuition.

After first denying that he had seen any embalming because 'the body would get on my nerves', he then claimed that he had done some embalming. What really 'got on people's nerves' was putting the fluid in the legs or 'squishing it around in the stomach. . . . You have to have the nerves and the stomach' for undertaking. 'Some of the bodies that you get aren't in very good shape, and you can't throw up when you see them. . . . You have to have a strong stomach. . . . To pass your Boards to become an undertaker they make you sit in with a body overnight.' He knew someone who passed the 'book part of it' but who fainted because he could not stay overnight with the body.

Some undertakers he knew who lived over their funeral parlors had dreams about the people 'who are downstairs'. One man who had trouble sleeping dreamt that a woman whom he had embalmed and buried was coming up the stairs. John reported one of his dreams.

He had embalmed a woman; then he borrowed a hearse from K, a female undertaker, and went into a house on R Street. When he came out, the hearse was gone.

Laughing, he said he wished he could have slept long enough to have collected the money for the funeral. The woman in the dream was of light skin and did not remind him of anyone he knew. The casket was flat-topped and cheap; the funeral would have cost only about one hundred dollars. He had gone inside the house of the family of the deceased to drink some tea, which he likes.

He was obsessively preoccupied with money. He had a hiding place in the kitchen, known only to his brother, where he secreted his money in preference to depositing it in a bank—where he would have no access to it after two o'clock in the afternoon! He waited until movies reached his neighborhood to see them because they were then cheaper. His sister had previously provided him with money. He did not need her money now, he said, as he could earn money from various undertakers. He was a member of the Pollyanna Club, which was 'just a social club', and of the Understudy Club, which was composed of a group of undertakers' sons and apprentices. 'This club', he declared, 'offers ten dollars pay if you get sick, and fifty dollars worth of flowers and things if you die'.

In the Thematic Apperception Test, his response to the fifteenth card was: 'This is an old vampire of the graveyard; maybe it's somebody who comes to the graveyard to dig up the graves and take away their jewels; or a man who lost his wife and children, and he comes to the cemetery to see that the grave is kept clean. Then he goes home, goes to bed, and gets up the next morning ready to go to work.'

The Rorschach test revealed much content pertaining to orality and bodily damage. A sample response pertaining to orality was: 'This looks like two *foodoo* [voodoo] men that they have in Africa. They are dancing around a pot. They threw in some meat. The meat is thrown into the boiling water. It's on its way down to the pot now. It's stuck together. The meat is red. Maybe they tied these two pieces up in the back somewhere.' His fear of bodily damage is exemplified in the response: 'This could be the front paws. Somebody took them off too, and just left a little piece.'



## DISCUSSION

In a paper on the common 'doctor game' of childhood, Simmel (18) has shown that children, with the help of make-believe stethoscopes, thermometers, enema syringes, and surgical knives, act out in play forbidden coitus and pregnancy fantasies, repeating the primal scene through identification with the father by impersonating the physician, and identification with the mother by acting as a patient. The make-believe of John's 'undertaker' activities justifies viewing them as an 'undertaker game'.

What functions this game had may be evaluated in accordance with two of Waelder's (24) characterizations of play. First, it is a method of assimilating piecemeal an experience which was too large to be assimilated instantly. The repetition enables the child to return tentatively to the painful situation and to transform it from passive suffering to active mastery. Second, play is fantasy woven around an object. Sexual and destructive impulses are components of all play.

This boy's activity had, however, gone beyond what can be accurately called play. Like the child described by Peller (13), who had lost his ability to stop voluntarily and became glued to one phase of play, or episode, it had become a phobic defense. His sister's illness and death were traumata that he could not assimilate; he could only passively watch his sister bleed and waste away. In the 'undertaker game' he was an active, controlling agent.

A reaction to separation anxiety was prominent in the boy's need to stay at home and nurse his sister, and in his truancy from school after her death. The regression implicit in the oral and anal symptomatology that appeared after her death may be considered as defenses against separation anxiety. He regressed to a time she had been in fact a mother to him. Baking and eating cake, sometimes in the night at the approximate hour of her death, suggests an attempt to reincorporate her magically. This oral aspect of necrophilia has been stressed by Tarachow (22), who cited instances in which oral regression and the fan-

tasy of reunion with the mother were prominent. John's late weaning at five and the need to replace his pacifier until he was seven, indicate strong oral fixation with an inability to tolerate oral deprivation.

The ambivalent act of singing praises to his mother in the bathroom while wearing her choir hat is reminiscent of his earlier behavior during bowel training of putting the pot on his head and defecating on the floor or in his pants. Threatened with the loss of an object (feces) he replaced it in a manner suggestive of reincorporation, and of a defense on an anal level against castration anxiety.

The preoccupation with acquiring and keeping money may be considered in these terms of separation anxiety as well as of anal regression. He no longer needs money from his sister since he now gets it from the undertakers who replace her. He resolves to 'keep real close' to an elderly undertaker from whom he may get something when the man dies; this undertaker will continue to gratify him after death with money which comes from dead people (Edith). The need to have his money available at all times is a displacement of his anxiety about, and defense against, object loss. As an undertaker who can make his sister 'look like her real self', he can deny her death with each person prepared for burial.

Another feature of his wish to be able to 'fix people up' by being an undertaker and, more specifically, embalming and its cosmetic aspects may be, on the one hand, a way for him to act out his oral and anal sadistic urges toward the dead substitutes for his sister; on the other hand, through its restorative aspects, it may be an undoing of what he fantasied he had done to his sister. That embalming would have this double meaning for John was suggested in his answer to the question of what had caused his sister's death. He had said he would have to read about how they give injections in the vein; that he knew of a doctor who had given an injection to a woman who died of a heart attack so that she would not look as if she had had one. His view of embalming entailed sticking needles in people, putting fluid in their legs, and 'squishing it around in their stom-



achs', the site of Edith's cancer. The undertaker's restoration of Edith's 'sunken' stomach, jaw, and mouth pointed to an undoing of sadistic, orally directed impulses, implied in the early memory of her with blood around her mouth. The vampire who robs graves and the mourning husband who keeps the grave clean are further examples of John's need to undo the fantasied enactment of his necrosadistic impulses.

The boy's nursing of his sister during her long illness, with the abdominal location of her malignancy and the attendant bleeding, would rearouse his infantile incestuous feelings for her and especially his concept of coitus as a sadistic act. His fantasies that undertakers 'squish' embalming fluid around in the stomach and that women get a 'blood tumor of the stomach' by ingesting embalming fluid and leaving flour around the house hint at both a sadistic concept of coitus, with instruments and embalming fluid being equated with a sadistic penis and sperm, and an oral concept of impregnation, with the blood tumor of the stomach being the baby whose presence, sadistically conceived, kills the mother.

Fenichel (8) has stated that the mourner in a state of ambivalence fears that because of the omnipotence of his death wish the dead person may seek revenge and return to kill him. This fear of the dead in turn increases the ambivalence. The mourner seeks to pacify the dead one (*de mortuis nil nisi bonum*), as well as to kill him more effectively. The rituals of holding vigils at the side of the bier and of throwing earth into the grave, or of erecting monuments, are traceable to archaic measures intended to prevent the return of the dead. Zulliger (25), describing the reactions of a class to the death of a fellow pupil, stressed their fear that the dead girl would return.

John hinted at his belief in revenance when he spoke of undertakers who dreamed of reanimated corpses and about fears of sitting with a corpse overnight. His statement, 'When you're dead, when they bury you, nobody can bring you back', implied both the fear of the return of the dead and its denial. His libidinal and aggressive instincts thus remained unresolved and were constantly acted out.

An extension by analogy to Simmel's discussion in *The Doctor Game, Illness, and the Profession of Medicine* (18), gives some leads to the choice of undertaking as a profession. Simmel felt that some physicians chose medicine in order to still play the 'doctor game'. These physicians, whose choice of profession was not originally based on the final identification following the resolution of the œdipal conflict, were rediscovering in the patient the incestuous object by the very processes of identification that made them physicians. Such physicians may regress to the role of the patient by identification and find it necessary to defend against their incestuous wishes by displacing them onto money, the acceptance of which then becomes taboo. The unsublimated impulses leading to the choice of the profession of medicine, in turn, become deterrents to its practice.

In a study of physicians and medical students, Glauber (9) showed that, although the principal determinant for the study of medicine was the œdipal ideal, the secondary determinant of this choice, the primary identification with the clinging mother and the birth-giving or 'dead' mother, became a deterrent due to the failure to sublimate necrophilic fantasies. In reporting on the partial analysis of a resident pathologist with a work inhibition, Pomer (14) felt that one of the determinants of his choice of pathology as a medical specialty became a deterrent to its practice. He stated that the selection of pathology as a specialty in this patient was overdetermined. 'A cadaver is finally his mother, passively allowing him to explore, to investigate, to search for the hidden phallus, to search her for the secrets of life, pregnancy, birth, and death. His choice of specialty training was based in part on preœdipal fixations in which the regressed object, the mother, returns in the forms of his cadavers. . . . His work fails him, in that it is not sublimation, but possibly something else midway between acting out and working through. It fails because it is too sexualized, too aggressivized, and libido is not neutralized or bound.'

We have seen that the principal determinant of John's choice of undertaking was his preœdipal fixation to his dead sister. This determinant was similar to those of the physicians still



playing the 'doctor game', and to the necrophilia of Glauber's doctor-patients and Pomer's pathologist. These determinants, unless sublimated, become deterrents to the operation of the principal determinant—the œdipal identification with the doctor-father. Stekel (20) also drew attention to the relationship of occupation and necrophilia and mentions 'body washer' as the occupation of one necrophiliac. One of the patients discussed by Brill (3, 4) had been an undertaker's assistant, and one of the cases described by de River (6) was an attendant in a morgue.

### SUMMARY

A thirteen-year-old boy, following the death of his older sister, developed an intense preoccupation with becoming an undertaker, which is discussed as an 'undertaker game', a variant of the common 'doctor game' of childhood. The need to play undertaker is seen as an attempt to turn the traumatic passive experience of his sister's illness, death, and funeral into an experience he can actively control. Necrophilic, preœdipal determinants may be present in the successful adult choice of professions which involve the human body, but most probably are secondary ones, necessarily sublimated.

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# SUPEREGO REGRESSION IN PARANOIA

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In his classic analysis of Schreber's autobiography (5), Freud concludes that the delusion of persecution is the outcome of the failure of defenses against unconscious homosexuality in an individual with a narcissistic fixation. After the libido's regression to narcissism, homosexuality represents the attempt to recapture a relationship at a stage between narcissism and a heterosexual object choice. The defensive maneuvers of denial and projection of this unconscious homosexuality lead to the conscious feeling of being persecuted by the homosexual object. In the Schreber analysis, Freud felt that regression of the ego is dependent upon libidinal regression and that the failure of the function of reality testing is what gives the paranoid development its delusional quality.

Freud's hypothesis has been widely supported by analysts, but in the literature there have been undercurrents of dissent from the opinion that the analysis of Schreber's autobiography completely explains the mechanism of paranoid delusion. Melanie Klein (15) placed the origin of paranoia in the preœdipal period of maximum sadism, which she called the 'paranoid position': a pathological outcome ensues from the splitting of the self and the projection of the destructive and hated part of the self onto the loved object who is then conceived as the dangerous persecutor. She further postulated that intense paranoid anxieties encourage the development of strong manifest or latent homosexual tendencies as a defense, and that when the homosexual defense fails, the patient is prone to develop paranoid delusions. Rosenfeld (19) theorized that homosexuality serves the defensive function of idealizing the good image of the father which then serves to deny the existence of the persecuting, bad father who is the object of disappointment and projection. Rado (18) has

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stated that the basic problem in paranoia is the patient's guilty fear of genital mutilation. In his view, what appears to be homosexuality represents the temptation to take the 'less demanding' female role which crystallizes on the conscious desire to be raped by a man. The repression of this wish gives rise to a conscious fear of being raped by a man, which is then transformed into delusions of being persecuted on the basis of a 'shift from guilty fear to guilty rage'. This allows the patient to rationalize his delusional fear of being raped, a device which enables him to believe that he is being provoked into defending himself.

Most of these authors have expressed their disagreement by concentrating exclusively on the element of libidinal regression and on questioning the universality of homosexuality in the manifest or latent content of the paranoid delusion. MacAlpine and Hunter (16), in an exhaustive re-evaluation of Schreber's autobiography, are more impressed with Schreber's preœdipal 'asexual' procreation fantasies than with his homosexuality. Klein and Horwitz (14), who studied eighty paranoid patients, found that failures in love or sexual adaptation were conspicuous, and that homosexuality was not a significant factor in the majority of cases, especially among women. Henderson and Gillespie (9) concluded from their experience that 'the importance of homosexuality in the etiology of paranoia is not so widespread as the psychoanalytic school would have it'. Grauer (8), in reviewing twenty-four cases of paranoid schizophrenia in which delusions were recorded in detail, found homosexual content in five and concluded that a 'failure to confirm Freud's hypothesis regarding the universality of the relationship between homosexual tendencies and paranoia leads one to question Freud's interpretation of the mechanism of paranoia'.<sup>1</sup>

In his discussion of paranoia Fenichel states: '... like elements of the body, one's mental characteristics, too, may be projected onto the persecutor. This occurs not only in the projection of the hatred which is basic for the delusion; certain definite atti-

<sup>1</sup> That psychiatric evaluation, or detailed studies of recorded delusions, do not yield evidence of homosexual conflict might prove only that in these and other instances the homosexual wish has been successfully repressed.



tudes and expressions, which are ascribed to the persecutor, also correspond to traits of the patient and especially often to demands of the patient's superego. The persecutor, then, observes and criticizes the patient; the persecutions themselves represent projections of the patient's bad conscience. . . . The projection of the superego is most clearly seen in ideas of reference and of being influenced. The patient feels that he is being controlled, observed, influenced, criticized, called upon to account for himself, and punished. The voices he hears utter criticisms of him, usually referring to his sexual activities which are depicted as dirty or homosexual. The patient hears himself reproached for his homosexuality, and pregenital tendencies, just as severe parents might have talked to their naughty child' (4). Even before having introduced the concept of superego, Freud wrote: 'Ideas of reference represent conscience in a regressive form; they disclose its genesis and why the patient rebels against it' (6).

Grauer (8) and Weiss (20), following Federn (3), consider narcissistic regression as a secondary phenomenon in the breakdown of the ego in schizophrenia and paranoid psychosis. They regard the loss of ego cathexis as primary. Still they discuss ego regression and libido regression as interdependent when they further postulate that because of a depletion of ego libido the individual is prevented from forming object relations, and compensatory mechanisms such as regression to narcissism ensue. Arlow (1) has suggested that one can profitably discuss ego regression and libido regression independently, a position that is taken in this communication in which we shall examine the paranoid delusion from the point of view of ego-superego regression.

Jacobson (12) describes the metapsychology of psychotic regression as a regressive breakdown of certain representations in the ego and the superego. Psychotic identifications, she believes, are a regressive dedifferentiation and fusion of archaic images of the self and object representations so that the psychotic can believe that he *is* someone else, whereas the neurotic does not regress so deeply and only behaves *like* someone else. It would appear that a similar process in the paranoiac relates specifically to

the emergence of certain archaic introjects previously constituting the ego ideal, and their reanimation or repersonification in certain external objects who become the persecutors. The severity of the original superego in such patients, which accounts for the viciousness of the 'persecutors', is determined by a number of factors including the severity of parental authority, the projection of the patient's own aggression, his hostility resulting from repeated disappointments in the parents, and to a large extent his preœdipal masochistic wishes to submit to them, a factor emphasized by Bak (2) who has referred to paranoia as 'delusional masochism'. Thus all of the aggressiveness and sadism with which the superego was once endowed is now felt to be at the disposal of these 'real persecutors'.

Pious (17), Wexler (21), and Hoedemaker (10) have called attention to the breakdown of superego functions in schizophrenia and Kanzer (13) and Jacobson (12) have specifically related this breakdown to the formation of paranoid delusions. Kanzer considers that the paranoiac, because of an unresolved primal scene conflict, cannot desexualize and subsequently incorporate the parental figures into a healthy superego. As a result there is a regression to the phase of magic omnipotence, projection to avoid guilt, and a masochistic submission to the persecutor. Rado (18) also emphasizes the influence of the superego in paranoia by basing the delusional formation on a 'shift from guilty fear to guilty rage'. The latent meaning of the persecutory delusion he believes to be a guilty fear of infantile masturbation.

According to Jacobson (12), 'In schizophrenic patients [we may observe] an escape from superego conflicts by a dissolution of the superego and by its regressive transformation back into threatening parental images. . . . The superego fears are frequently replaced by fears of omnipotent, murderous object images which may be attached to body parts or to outside persons. Instead of guilty fears and submission to a destructive superego as in melancholia, schizophrenics may hence experience fears of being bodily destroyed or . . . of being influenced and persecuted. . . .'



A borderline paranoiac, a seemingly manly, personable, talented bachelor in his late twenties, developed paranoid ideas after engaging in homosexual activity with a close friend. His sexual life had consisted of frequent masturbation and rare instances of discreet homosexual behavior, always with intimates whom he admired for their intellectual brilliance, their masculine good looks, and their 'lovability'. Occasionally he sought the company of women but he felt no sexual attraction, and bodily intimacy stopped at kissing. His masturbation fantasies were either homosexual or involved being physically admired or considered 'eminently lovable' by some woman.

It was his paranoid conviction that his homosexual activity was known and condemned. 'As far as "they" are concerned', he said, 'it's the worst imaginable crime and makes me abjectly contemptible. I don't care how tolerant people say they are; this is really how they feel unless you happen to be a genius and universally admired.' Gradually the persecutors became limited to certain women with whom he had frequent business or social contacts. With these women he had typical paranoid anxieties, suspiciously misinterpreting gestures, turns of phrases, and casual remarks. For hours he would brood with the increasing certainty that they knew and would tell everyone, particularly those whom he admired and wanted to be admired by. 'These women', he exclaimed, 'are some kind of wild, unscrupulous monsters poisoning everyone's mind against me. Everyone is a freckle-faced couple with two babies and a "Taylor-Tot", and this is what they expect of me.'

His paranoid anxieties disappeared during overt homosexual activity, in a manner similar to that of a patient of Jacobson (11) who was able to prevent the outbreak of an impending paranoid delusion by engaging in overt homosexuality in public washrooms. Our patient's anxieties were intensified immediately after the activity and could be alleviated only if 'everybody feels I'm wonderful'. There was a complete absence of any trace of guilt or shame about his homosexual behavior: 'It has nothing to do with conscience; it's in order to make myself lovable to

someone. All my qualms are in relation to my standing with someone else', he said. 'What I do is deliberately to figure out all the possibilities and probabilities in a given situation; that's not conscience; it's too calculated and is contrived for the moment'. To be handsome was for him synonymous with being admirable, good, worthy of respect. 'My whole life is based on the idea of measuring up: "I would admire you if you were a great guitar player"'. I never wanted to be a guitar player but if those were the terms I'd surely try.'

One cannot but be struck by the overriding moral implications in each of the patient's statements. These and countless others demonstrate a form of regression in which the primitive superego introjects are repersonified and projected onto certain external objects; hence the anxieties, the apparent lack of guilt, and the overpowering need for approbation. The patient's mother appeared in fantasies and dreams as a terrifyingly sadistic, devouring, phallic woman, and the patient's infantile sexuality was significantly masochistic in character. This infantile conception of the mother is the prototype of his persecutors who represented the regressive reanimation of loosely held introjects which constituted a significant portion of his fragile and intolerably sadistic superego.

Clinical material supports the contention that such superego regression can be episodic and consequently reversible, at least in certain borderline patients. The therapeutic implications in the intensive treatment of the paranoid patient are for emphasis on analyzing early superego formation, its contemporary regressive manifestations, and ultimately for reconstructing a more tolerant superego. This was reasonably well accomplished with the patient under discussion so that he is currently free of paranoid anxiety and is functioning on the level of a neurotic pervert with a tolerable amount of guilt.<sup>2</sup>

<sup>2</sup> In a follow-up interview with the patient a year after termination, he discussed certain realistic problems and concluded with the statement: 'Life has become one long fret instead of a constant threat'.



These assumptions may be applied to A Case of Paranoia Running Counter to the Psychoanalytical Theory of the Disease (7). Freud here reported the case of a woman who had developed persecutory delusions concerning her lover immediately after having had an affair with him. On leaving his apartment she noticed two strangers whispering to each other; one of them carried a box. She became convinced that they knew about her affair and had taken pictures of her in a compromising position. From that moment nothing could abate her suspicion. She heaped reproaches on her lover and tormented him for explanations and reassurances. Finally she consulted a lawyer, who referred her to Freud. Freud stated: 'The girl seemed to defend herself against love for a man by transforming the lover straight-away into persecutor: there was no sign of the influence of a woman, no trace of a struggle against a homosexual attachment'. After the first interview, Freud discovered that there had been an earlier affair with the same man, following which his patient suspected her lover of revealing their secret to her elderly female employer who had 'white hair like my mother'. From this fragment of the delusion Freud concluded that the patient was fleeing from an inverted oedipal triangle involving an overpowerful homosexual bond to this mother substitute; that it was the elderly woman and not her male lover who was the original persecutor; and that 'this supporting tie becomes a burdensome obstacle when her libido begins to respond to the call of a man's insistent wooing'.

We pick out one significant observation that Freud made: 'Neither in her manner nor by any kind of expression of emotion did she betray the slightest shame or shyness, although some such state of mind would naturally arise on such an occasion in the presence of a stranger'. He did not explain this peculiar inappropriateness of affect except to state that 'she was completely under the spell of the apprehension that her experience had induced in her' (7, p. 151).

This woman's background, and the circumstances surrounding the affair, nevertheless give grounds for a different conclu-

sion. To quote Freud again: 'She had never sought any love affairs with men, but had lived quietly with her old mother. . . . Recently an official [where she worked], a cultured and attractive man, had paid her attentions and she had inevitably been drawn toward him. For external reasons, marriage was out of the question, but the man would not hear of giving up their relationship on that account. He had pleaded that it was senseless to sacrifice to social convention all that they longed for, that they had an indisputable right to enjoy and that could enrich their life as nothing else could. As he had promised not to expose her to any risk, she had . . . consented to go to his bachelor rooms in the daytime' (7, p. 151).

It is obvious from these remarks that it took a good deal of persuasion to overcome her resistance, which makes Freud's observation regarding her lack of guilt or shame the more inexplicable. If we should expect anyone to feel persecuted by her superego it would be a woman such as this. What clearer demonstration could we have to show that instead of guilty fears the patient developed a paranoid delusion? There is no longer any evidence of the existence of what had once been an excessively intolerant superego. The regression that took place immediately following the love affair had resulted in the apparent obliteration of her superego and its replacement by certain real objects in the world who then became endowed with all of the intolerance and sadism with which the superego was formerly invested. Instead of a helpless, terrified, unbearably guilt-ridden woman, she became a righteously indignant fighter.

### SUMMARY

An attempt is made to dissociate the problem of libido regression from that of ego-superego regression for an understanding of the mechanism of delusion in paranoia. From the point of view of superego regression, the delusion of persecution is seen as a reaction to an implacable superego. What seems to occur in the regression which precedes the delusion formation is a regressive deterioration of the superego with the emergence of



primitive introjects and prototypical experiences which had once constituted the ego ideal, and their repersonification in certain external objects which then become endowed with all the aggression and sadism with which the superego was once invested. That the paranoiac is persecuted by real objects instead of by his superego allows him to rise in 'legitimate' self-defense. Freud's paper, *A Case of Paranoia Running Counter to the Psychoanalytical Theory of the Disease*, is re-evaluated in the light of this hypothesis.

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# MUSCLE ACTION AS NONVERBAL AND PREVERBAL COMMUNICATION

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Communication between individuals is not restricted to language. Nonverbal forms of communication have an important role. They may exert pathogenic influences through aural and visual receptors, as in observation of the primal scene, and they may also mediate joyous affects, as in the enjoyment of art. Muscle, via kinesthetic receptors, also has communicative value. A lover squeezing the hand of his love rouses himself and her. Action may have such strong communicative influences that the meaning of words can be altered or even contradicted by subtle changes in laryngeal tonus. Action precedes food as a stimulus to the sensorium of the newborn child and links the child to the external world before food can do so. Infants have been known to die from lack of fondling. Action is necessary for maturation, development, and adaptation.

Action is influenced by diverse dynamic processes originating in the various psychic structures, and is an avenue of expression for these dynamic forces and the interactions between them. Action has communicative value, and the nature of its communication may be determined by analyzing the interacting dynamic forces and resolving this composite into its psychic components. As a form of communication, action has been studied psychoanalytically by investigations of posture, of acting out, and of symptomatic acts. The effects of motility on children have been observed by direct nonanalytic techniques; general studies of motility have been made by Mittelman (9, 10).

A twenty-three-year-old married woman sought analysis because of unhappiness and feelings of inferiority. She was unable

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to enjoy ordinary pleasures and frequently felt anxious without knowing why. She was able to find solace in her work as a secretary by hyperactivity, but even this vocational satisfaction was mitigated by feelings of inferiority.

As the analysis progressed it was noted that muscular activity was an important component of the patient's psychic functioning. One of her presenting symptoms was trembling of the hands before and during meals. She frequently had muscle spasms in her chest and legs which were painful but were easily made better by massage or heat. Often, on the couch, the patient would say she had a 'sore throat'; this would not be preceded by respiratory symptoms. Subsequently this symptom was found to be due to localized pharyngeal spasms. She sought tonsillectomy for the 'sore throats' but was refused this operation by an otolaryngologist. Occasionally on the couch when the patient was denying feelings of anger, loud gurgling sounds of peristaltic movements would suddenly intrude to contradict dramatically the very words she was uttering. She liked to assume a masculine posture with her foot on the rail while drinking at a bar. Masculine configuration was so important for her that she severely restricted her food intake, and selected clothes to make her appear boyish.

Muscle activity expressed by posture and orgasm played an important role in sexual intercourse. Often, before intercourse, during which her vagina was relatively anesthetic, she would involve her husband in a quarrel. Often drunk at the time of love-making, he sometimes had inadequate erections. In intercourse she would not begin to have vaginal sensations (leading to orgasm), regardless of the duration of intercourse, until after her husband had an orgasm. She was highly satisfied with this arrangement and insisted that it was normal. During intercourse she preferred to lie upon her husband. Often she had fantasies of hurting and maiming him; late in the analysis she expressed thoughts of mutilating his penis by contracting her vaginal muscles and keeping it permanently inside herself. Her orgasm was dependent upon the fantasy of triumphantly destroying her husband's penis. Coital movements were called 'grinding' by the



patient; the husband responded to this 'grinding' as though it were menacing.

After fourteen months of analysis the patient gave birth to her first son; the second son was born three years later. The effects of her muscular behavior upon the children were studied by observing certain behavioral changes in the children which could be correlated with her unconscious mental activity at the time and with the dynamic status of ego, id, and superego. As the children grew older, the formation of character traits could be studied in relation to the mother's unconscious needs of them as reflected in her muscular behavior.

She nursed her first child. At five to six weeks, the child seemed hungry at the beginning of nursing and after a few moments became fretful and began to cry—a pattern which appeared intermittently throughout many months of nursing. At the end of each nursing period, fretfulness and crying ceased. The patient felt that she was unable to relax as she held the child, and felt a certain nervous tension which made her hold him too tightly. Although she had been aware of this state of tension from the first feeding, the child's crying did not appear until the fifth week.

What was the cause of the increased tension? She discovered that she felt guilty because the child's sucking was too stimulating to her. In this connection, she remembered erotic sensations while sitting on her father's lap. Thereafter she learned with dismay from a magazine article that milk squirts from the nipples during nursing. Until then she had had the fantasy that she was unique among women in having nipples from which milk squirted just as semen squirts from the penis. At the next nursing period her feeling of tension and increased muscle tonus subsided and the infant stopped crying at nursing, never to resume it.

With the second boy, there were minor feeding difficulties. He was colicky and cried at bottle feedings. She was unable to hold this baby during feedings, and had to prop the bottle with a pillow. The muscular tension at the breast feeding of the first child was not present at this time, but when the patient held the

baby he did not stop being fretful. When she recognized that her difficulty in holding the baby during feedings was related to her destructive fantasies toward both children and was able to talk about her fantasies of smashing and hurting them, the colic disappeared.

No problems with the first child were reported during the next two years, and he became dry at about two-and-a-half years, but was not yet bowel-trained and refused to use a pot or toilet. He was often constipated for two or three days at a time. When he did move his bowels he would do so surreptitiously, proudly announcing the completion of a bowel movement after soiling himself. The struggle between mother and son went on for months. One day in a fit of rage the patient insisted that her son sit on a pot; when he agreed, she gave him a magazine to read.

That night she had a dream in which she talked to me, while her son played with an electrical outlet. She noticed this and stopped talking to me. Associations revealed that the child was herself and the electrical outlet was the anus. The latter was a source of power and magic for her. She had no desire to give up her anal-erotic gratifications, but would rather give up her analysis by ceasing to talk to me. The dream was a repetition and explanation of the day residue. She gave the child the magazine to focus attention on reading so that he could continue to play with the column of stool in his anus.

As the impasse went on, the mother's fury toward her son mounted. One weekend the husband interceded and told his son to use the toilet. The child complied. However, the next day, with the father absent, he reverted to soiling himself. Enraged, the mother told him that if he did so again he would have to empty his pants himself, whereupon he began to comply with this new rule to the letter: he moved his bowels in his pants and emptied them into the toilet. It was then discovered that throughout this period of training the patient had refused to allow her son privacy; she had sat or stood by silently while he moved his bowels. With this disclosure the patient was forced to withdraw still further from her son's toilet functioning, and within two weeks he began to use the toilet. He would try to



provoke her by informing her of impending bowel movements, but she refused to allow herself to be enticed and the teasing ceased. Months later it was discovered that the patient had been overzealous in the cleansing of the boy's anus following bowel movements and had never allowed him to wipe himself. The day after this disclosure the boy began wiping himself. Bowel regressions appeared only sporadically after this.

The mother's muscle tension during nursing had had an influence upon the child, while her silent observation of the child at stool and forceful wiping of the anus had also affected his behavior. These muscle influences communicated the mother's unconscious wishes to the child. The nature of the communication could be determined only by psychoanalysis.

The analysis revealed many facts about the relation between muscle action and anality. She had strong and erotic interests; vaginal feeling had been displaced to her rectum; masturbation, sexual intercourse, birth, and gestation were to her anal dynamic processes. The anus was the repository for a fantasied penis. Sexual feeling and orgasm were experienced in the anus, the vagina being relatively anesthetic.

When she was a child the approach of her father excited her, on occasion to the point of actually moving her bowels in bed. When sexually excited she felt she had to move her bowels. Once, while a man was touching her genitals on a crowded subway train, the patient almost moved her bowels. During sexual intercourse she had fantasies of an enormous penis ripping and tearing her anus. The prospect of such violence to her anus was exciting, but she disliked actual anal intercourse. She liked to have her anus fingered, both in fantasy and reality, and was terrified by rectal examinations. Examinations of her vagina did not disturb her. After delivery she was worried about rectal tears but not vaginal ones.

These hypertrophied anal interests were traced to her psychotic father's seductive behavior. The patient was the youngest and favorite daughter and frequently sat on his lap, at which times she was aware of his penis. However, at about age six she suddenly refused to sit on his lap, reasoning that 'his beard

pricked my face'. This was a screen memory for the penis pressing against her anus. At about the same time the father suddenly demanded that all his daughters wear long stockings, summer and winter, to conceal their legs. The concept of an anal penis was also stimulated by an oft-repeated statement by the father about his constipation: 'I've got a plug up my rectum'. This to the patient meant a penis.

Among the uses of action for this patient was the resurrection and maintenance of old anal-sadistic fixations. She forced her son to participate in her efforts to secure these anal-sadistic pleasures. Oedipal wishes, penis envy, narcissism, masturbation were expressed through action. Action replaced words in her relation with individuals, including her child and the analyst.

The patient was unable to use words well and was also inhibited in other oral activities, such as smoking, because they represented oral aggression. She could not talk loudly. Such oral restrictions were present from her earliest years. In nursery school she had a flair for drawing faces but was never able to draw one with a mouth. Even when she was informed of this omission, she still refused to give the faces mouths. As an adult, in her social life she rarely spoke. She had a fantasy that she was more pleasing to her social partner if she remained silent. The exception to her silence was shouting, when she used obscene and scatological language.

Analysis of the transference provided explanations for her difficulties in talking. She had been refused analysis by several analysts because she could not talk, but at her first hour of analysis she surprised me by talking freely, although in a soft, almost inaudible tone. She had to be urged to speak louder. This loquacity was a disguise for silence; the analysis forced her to talk but she would do so without being heard. At times she would bluntly announce that she had thoughts but would not reveal them. She presented long dreams almost daily but would give no associations even when asked to do so to specific elements in the dreams. Often she rambled so that no inferences could be drawn from her associations. Talking became a defense against free associations in significant words. For many years



during the analysis she continued to speak inaudibly and in a flat, emotionless voice. Gradually she became intellectually aware of the violence within her. She then became irritated when questions were asked, whereas previously she had been pleased. She wanted to continue to talk in her usual manner, and complained that the questions interfered with free associations. A new defense appeared: silence associated with crying. During these periods of silence and crying she could make no reply nor could she explain her tears. This lasted only a few days and then another defense appeared: a fear that she would vomit over the office and the analyst, which she recognized as an aggressive wish.

She then dreamed that she bit off the tip of the nose of her oldest sister. This shriveled up in the air and was too small to replace. The tip of her father's nose had actually been cut off by a saw, whereupon he had fastened the amputated tip to his nose with black friction tape and it had grown back. This dream promptly led to profuse memories of her childhood. One memory concerned fears about the destruction of her body and her sexuality by her mother. Her puniness and absence of breasts at five were attributed by the patient to some kind of destructive intervention by her mother. She fantasied that her mother gave her rich food to dissipate the mother's guilt over these destructive activities. Another group of memories dealt with penis envy; she had tried to imitate boys urinating and also repeatedly tried to urinate into a cup. Another set of memories concerned her need to swallow her father's penis. She had always known when her father took a bath, and had taken the opportunity at such times to ask 'innocently' for a drink of water. At this point in treatment the patient recognized her wish to swallow her father's penis and seminal fluid.

The next session revealed the oral destructive fantasies of the patient toward the analyst. At the very beginning of the hour she felt that her mouth was full of saliva. She stated that she felt very unfriendly toward the analyst. Her succeeding associations led from her wish to bite off the analyst's head to the wish to bite off his penis. The feeling of saliva was a somatic

preparation for fellatio. When this oral aggressive component of the transference was demonstrated to the patient, she recalled grinding her teeth since her earliest years and never being able to enjoy oral activities such as eating. The complaint of trembling with eating was now recognized as a displacement of oral-aggressive drive onto the muscles: otherwise, she would not be able to eat. This displacement of oral aggression onto postural musculature imparted another characteristic to action; muscle action for this patient was also a vehicle for her oral aggression.

Such activity was highly libidinized and also was under the influence of the aggressive drives. Motility of all types represented a fusion of libido and aggression. This fusion made reality testing so difficult that the patient could not differentiate between affectionate hugging and a bear hug that could crush the child. It was for this reason that she had been unable to nurse her second child or even to hold him during feedings. The patient had fantasies of succumbing to multiple sclerosis, a disease of the muscles, to be incurred as punishment for her eroticized action. Action directed to the child was tantamount to raping him.

When the patient nursed her child she used him in unconscious fantasy as a sexual object. The onset and cessation of the child's crying suggested that he was being flooded by sexualized aggression. Nursing must be regarded as rape since the mother was extracting pleasure from an unwilling victim (as judged by the crying) by muscular means. Action for the patient was a transgression directed against a body cavity. What the mother directed at the child was muscular sadism and aggression derived from anal and oral sources. Her anxiety over nursing was similar to her anxiety over hugging. This anxiety represented a guilty awareness of these drives. The tightness of the muscles represented a libidinized state and was equated by the patient to an erect penis. The nursing situation also offered homosexual gratifications, as the patient was able to force her nipples or fantasied penis into her son's mouth. Rape could also be demonstrated during the child's anal stage by the overzealous forceful cleansing of the child's anus by the mother or by not allowing



the child to wipe himself. It is this application by the mother to the child of eroticized and excessive muscular energy fused with aggression, with concomitant pleasure for her, that stamps these acts as rape. Similar to these were her destructive fantasies about the child while sitting beside him during his bowel movements.

Another illustration of the communicative properties of action could be found in sublimations of action. The inflicting of pain and punishment are among the uses of action. In rearing a child a mother can use this muscular activity either for her own sexual gratification or for educative purposes. To maintain an unimpaired source of neurotic libidinal satisfactions, this mother was half-hearted and seductive in her management of her child's anal functions. An object suitable for rape had to be maintained. This she achieved by encouraging persistence of the child's chaotic bowel habits. When the patient was finally able to give up the need for neurotic muscular pleasures and for rape, the boy's soiling ceased. Rape fantasies led to the establishment and maintenance of the child's anal fixation. When the infantile pleasure of rape was given up, the mother's half-hearted and seductive attitude toward bowel training was replaced by one of firmness and resolution, and the boy's anal fixation was lifted.

Now able to replace the sham rage by real rage, the patient found that she could spank her child when necessary. Heretofore, the anal-sadistic gratifications in motility had evoked too much guilt. Motility could now be used to inflict pain for useful educative purposes and for establishing firmness and resoluteness of character. This was in essence a sublimation of an oral and anal-sadistic impulse. Moreover, the mother was able to find mature substitutive gratifications to compensate for the loss of immature gratifications. She became more talkative and more responsive to others outside the analysis.

Additional evidence of the effectiveness of muscle action without words and the ability of action to modify behavior can be found in the patient's early history. At four or five she had had a tendency to constipation, arising out of her anal need for her father. Thereupon, her mother took to sitting beside her while

she was on the toilet; the child became terrified and forthwith renounced her constipation. It must be noted that the patient repeated this silent inactive procedure with her son. What for her as a child had been an œdipal threat became an œdipal pleasure with her own son.

The communicative impact of muscle action can be demonstrated by transference regressions. Following a session in which she talked of being fondled by the analyst, she told of masturbating between sessions with the fantasy that the analyst was masturbating her while she kept her slacks on. She also had the fantasy that the analyst was prevented from having intercourse with her by some outside force. The interpretation that the patient was re-enacting an old lap-sitting episode was promptly denied, but to her consternation her anus began to itch. At the next session additional facts about these erotic lap-sitting episodes appeared; while she sat on her father's lap, his hands were in her lap. Before the succeeding session, she masturbated with the fantasy of anal perforation by the analyst's enormous penis. This subserved both œdipal wishes and penis envy—both components of muscle action. The outside forces which prevented sexual intercourse were the patient's mother and the analyst's wife.

Unconscious muscular acts replace words because muscular acts are more highly disguised and less explicit and eloquent than words. Action provides pleasures, the pursuit of which would be rejected by the patient if expressed by words. The vagueness of the communication by motility becomes useful to the forces of repression. Action can continue to obey the strivings of the pleasure principle and the individual can enjoy pleasures, such as anal ones, without the knowledge of ego or superego. This patient's anal sphincter was an œdipal link to her father, and became a similar link with her son and with her analyst. Her hand, body, and muscles replaced her father's penis as the tools of rape. Yet for a period of years the patient enjoyed the rewards of maternal dedication without interference by any censoring agent.



Postural action is an important means of communication earlier in the child's life than vocal action, which is more highly specific and complicated. The child is already a complex being before words assume importance. The postural muscles never lose their importance as means of communication but they are most important at an early age, especially when language is undeveloped or relatively ineffective. The importance of action during the first year of life has been demonstrated by the observations of Spitz (13). He states that 'verbal communication . . . has appropriated the field of information and communication to the exclusion of all other media. . . . The psychoanalyst is not free from this bias and mostly pays attention to the functioning of the superego where it is manifested in a verbal form.'

According to Freud (7), verbal communications are of greatest importance in the establishment of the earliest identifications which are essentially verbal. Spitz was able to show that motor identifications precede verbal identifications and that motor contacts between child and parent are necessary for the development of the child. Anna Freud (6) considers 'identification with the aggressor' important in superego formation and agrees with Spitz that a motor element contributes to superego formation. Spitz demonstrated that in superego formation motor prohibitions precede verbal prohibitions and the child incorporates motor prohibitions before verbal prohibitions.

Communication between individuals through the medium of action seemed possible to Freud at the very beginning of his formulation of psychoanalysis. One of the first tools that Freud used to aid in the study of the unconscious was pressure upon the patient's head (2). He demonstrated in his earliest papers that motor behavior reflects psychological states. Subsequently muscle behavior, especially its function as an erogenous zone, became integrated into libido theory (8). This concept was elaborated upon by Abraham (1), who provided clinical illustrations. Ferenczi (5) was able to show that muscle eroticism, narcissism, and sadomasochism contribute to the formation of tics, which he referred to as the 'genitalization of autoerotism'. He also demonstrated that tics are masturbatory equivalents of primal scene

and œdipal memories. He coined the phrase 'muscular memory traces'.

Action became a basic factor in Schilder's psychophysiological studies (11, 12). Perceptions in his scheme arise from motor responses. Primitive and archaic experiences are created out of action and all types of sensation consist of action. Body image is also created out of action. By experimental methods Spitz has shown that action (head shaking) can evoke smiles from infants.

Felix Deutsch (3, 4), in studying nonverbal communication, has demonstrated that in the development of the ego nonverbal sensory perceptions become linked to objects and that thereafter the sensory percept represents the object. He states that 'these intersensory perceptions as the preverbal expressions of antagonizing instinctual impulses are deeply rooted in the unconscious'. Thus many different types of auditory, visual, kinaesthetic, and motor stimuli can become nonverbal memories, subject to the same processes of repression as verbal memories. These nonverbal memories emerge during psychoanalysis and under the same conditions as do verbal ones. However, they lack the specificity of words and are therefore more difficult to comprehend. Deutsch's studies of posturology represent attempts to transmute the derivatives of early muscular percepts into utilizable and comprehensible analytic information. His studies were aided by encouraging free associations on bizarre sensory percepts and indirectly communicating his interest in these topics to the patients. He was thus able to accumulate more data.

### SUMMARY

This paper demonstrates by a case report the nonverbal communicative power of muscle action. Action became a regressive substitute for verbalization between the patient and her child and her analyst. As a nonverbal communication, action can convey sadomasochistic and aggressive impulses which are difficult to decipher in an analysis. Muscle action appearing as a substitute for words is a regression and displacement from oral regression and anal sadism, and serves as a defense against the manifestation of these impulses. Fusions of sadism and aggress-



sion can be communicated to an infant by action of his mother before language can serve this purpose.

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# CORIOLANUS AND HIS MOTHER

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All critics, save those who think the play *Coriolanus* is an aristocratic manifesto or a political debate, find the relationship between Caius Marcius Coriolanus and Volumnia, his mother, the very center of Shakespeare's drama. There is relatively little difference between the comments of conventional critics like Bradley (1) and Granville-Barker (3) and the psychoanalytically informed studies of Towne (6), McCurdy (5), and Hofling (4). In his excellent essay, Dr. Hofling fully elucidates the œdipal theme and enriches our understanding of the characters, with an insight gained from clinical experience. None of these critics has observed, however, the importance of Coriolanus's struggle to choose between his own or his mother's death, which determines the outcome of the play; nor the degree to which Coriolanus's implacable superego explains puzzling features of his behavior and reactions.

The drama opens with the rioting plebeians calling for the death of Caius Marcius, whom they rightly regard as their chief enemy. Menenius, a jolly old patrician, tries to cajole them into peace, but Marcius appears and showers vituperation on the people and their leaders. He deplores the weakness of the Senate in granting them tribunes and advocates a massacre as the most efficient way of restoring order. A messenger interrupts with news that the Volscians are in arms against Rome, and Marcius sets off with Cominius, the consul, and Lartius. He performs incredible feats of heroism, including entering alone the gates of Corioli. Not only does he refuse any reward, save the honorific epithet of *Coriolanus*, but he will not even accept the plaudits of the generals and soldiers.

On his triumphant return to Rome, the Senate chooses him consul, but before he can be confirmed in office he must win the assent of the plebeians. Most unwillingly he dons the traditional 'vesture of humility', but instead of begging the support



of the people he gibes and jeers at them and refuses to display his scars as custom demanded. The plebeians, nevertheless, feel they cannot deny their votes to so great a hero, and their tribunes, Brutus and Sicinius, inform Coriolanus that he has fulfilled the conditions. At the instigation of the tribunes, the plebeians retract their assent, and Brutus and Sicinius intercept Coriolanus as he is going to the capitol to assume the consulship. After a furious quarrel, they seek to seize and hurl him from the Tarpeian Rock. He and his patrician supporters drive away the people and their officers. When he has gone home, Menenius and Cominius try to avert civil war by conciliating the tribunes, who agree that if Coriolanus will submit himself to their judgment, he may be pardoned. At first he refuses, but his mother at length prevails, and he returns to the forum where Brutus and Sicinius wait, determined to provoke him to new wrath. He bursts forth in rage when Sicinius calls him a traitor and is sentenced to perpetual exile.

Leaving the city, Coriolanus defects to his old enemy, Aufidius, and begs to serve in the Volscian army raised to attack Rome. After overrunning the outlying districts, he brings the army to the gates of the city. There he threatens to burn Rome and to exterminate the Romans. He rejects the pleas of the Senate and of Menenius, his dearest friend, but once again his mother reduces him to submission even though he knows it will cost his life. Peace is made, and he returns to Corioli, where Aufidius and his henchmen assassinate him while he is conferring with the Volscian lords.

Coriolanus is a man whose inability to control his rage destroys him. Ostensibly his anger is directed against the plebeians and the foes of Rome, but evidence in the play supports the conclusion that his rage is displaced from its real object, his mother. In order to understand these matters, one must examine Shakespeare's development of the character of Volumnia.

In Plutarch's *Life of Caius Marcius Coriolanus*, the source of Shakespeare's play, Volumnia rarely appears until the climax of the story. Plutarch's only observation was to the effect that

Marcus had not suffered the usual consequences of growing up without a father: 'But Marcus thinking all due to his mother, that had been also due his father had he lived, did not only content himself to rejoice and honor her, but at her desire took a wife also, by whom he had two children, and yet never left his mother's house therefore'. Shakespeare completely revised this representation of Volumnia. In contrast to Hamlet's mother who, though wanton and erring, is gracious, affectionate, repentant, and protecting, Volumnia is, as Coriolanus's mother should be, domineering, angry, proud, cruel, and harsh. She is the real tragedy of Coriolanus.

In the first act of the play Shakespeare provides the retrospective glimpse that depicts the bleak and loveless atmosphere that surrounded Coriolanus's infancy and youth. In a remarkable conversation between Volumnia and Virgilia, Coriolanus's gentle, loving wife who is grieving for her husband's absence and fearful for his safety, Volumnia says

I pray you, daughter, sing; or express yourself in a more comfortable sort. If my son were my husband, I should freelier rejoice in that absence wherein he won honour than in the embracements of his bed where he would show most love. When yet he was tender-bodied and the only son of my womb, when youth with comeliness pluck'd all gaze his way, when for a day of king's entreaties a mother would not sell him an hour from her beholding, I, considering how honour would become such a person, that it was no better than picture-like to hang by th' wall, if renown made it not stir, was pleas'd to let him seek danger where he was like to find fame. To a cruel war I sent him; from whence he return'd his bows bound with oak. I tell thee, daughter, I sprang not more in joy at first hearing he was a man-child than now in first seeing he had proved himself a man (I, iii).

In reply to Virgilia's question: 'But had he died in the business, madam, how then?', Volumnia says

Then his good report should have been my son; I therein would have found issue. Hear me profess sincerely: had I a dozen sons, each in my love alike and none less dear than thine



and mine good Marcius, I had rather had eleven die nobly for their country than one voluptuously surfeit out of action (I, iii).

Surely this is not love but hostility masquerading in the garb of affection. Volumnia's ferocity is barbaric. She imagines her son in battle killing Volscians, his brow covered with blood. When Virgilia protests, 'His bloody brow! O Jupiter, no blood!', Volumnia blasts her with scorn.

Away you fool! it more becomes a man  
Than gilt his trophy. The breasts of Hecuba,  
When she did suckle Hector, look'd not lovelier  
Than Hector's forehead when it spit forth blood  
At Grecian sword, contemning (I, iii.).

When she hears her son has again been wounded, she cries, 'O, he is wounded; I thank the gods for't' (II, i). Coriolanus has adopted her standards, but can a son love a mother who has condemned him to hardship, pain, and probable death? His resentment is implied in his words: 'My mother, you wot well / My hazards still have been your solace' (IV, i).

Volumnia's reputation as the noblest Roman matron of them all is apparently the product of outmoded idealization of motherhood. Hofling, undoubtedly the best informed of the recent commentators, writes: 'Volumnia thus is seen to be an extremely unfeminine, nonmaternal person, one who sought to mold her son to fit a preconceived image gratifying her own masculine (actually pseudomascuine) strivings. Her method, we learn from the above and other speeches, was to withhold praise and the scant affection she had to give from any achievements except aggressive and exhibitionistic ones. . . . Volumnia does much lip service to "honor", but this attitude proves to be in part hypocritical. During the political crisis in Acts II and III, she urges her son to adopt craft and dissembling until he has won power. In other words, this woman is much more concerned about appearances than about honor or truth as things in themselves' (4).

There is no reason to quarrel, unless over the last sentence,

with this analysis of Volumnia's character or with Hofling's classification of Coriolanus as approximating 'the phallic-narcissistic type, as originally delineated by Reich'.<sup>1</sup> Uncritical dependence on Goddard's (2) dubious theory that Coriolanus gave up his plan for vengeance against Rome because of his love for his wife probably prevented Hofling from perceiving other more important aspects of the hero's motivations.

On the surface the relations between Volumnia and Coriolanus are marked by mutual admiration and respect, but as the play progresses he becomes rebellious and defiant. The first of the two conflicts of will between mother and son occurs after he has involved Rome in civil strife by attacking the tribunes and the plebeians. Act III, Scene ii opens with Coriolanus expressing bewilderment that his mother does not approve his violence; instead, she reprimands him for his rashness. Joined by Menenius and Cominius, who combine with her in urging that he prevent civil war by submitting to the tribunes and dissemble his way into the consulship, Coriolanus resolutely spurns all pleas until Volumnia says

At thy choice, then:  
To beg of thee, it is my more dishonour  
Than thou of them. Come all to ruin; let  
Thy mother rather feel thy pride than fear  
Thy dangerous stoutness, for I mock at death  
With as big heart as thou. Do as thou list.  
Thy valiantness was mine, thou suck'dst it from me,  
But owe thy pride thyself (III, ii).

Coriolanus immediately yields. Substantially Volumnia has said, 'Very well, make your choice. What you are doing will result in my death, but your pride will have it so, and my courage is no less than yours.' Her threat he cannot face, although at this point his mother's statement is not necessarily true. It does not inevitably follow that civil war between the patricians and

<sup>1</sup> When this paper was written, I had not seen an interesting and illuminating footnote about Coriolanus which the editors had appended to a paper on Sophocles' *Ajax*. Cf. Seidenberg, Robert and Papathomopoulos, Evangelos: *Sophocles' Ajax—a Morality for Madness*. This *QUARTERLY*, XXX, 1961, p. 410.



plebeians will result in her death. The threat of her destruction is his command. He submits because he cannot tolerate acknowledgment of his latent destructive hostility toward her.

Although Coriolanus stands out far more staunchly in Act V, when Volumnia again threatens him with her death as she appeals to him to spare Rome, ultimately he cannot withstand her repeated pressure. At the first appearance of his wife, son, and mother anxiety strikes him, but he resolves

I'll never  
Be such a gosling to obey instinct, but stand  
As if a man were author of himself  
And knew no other kin (V, iii).

After affectionate family greetings, Coriolanus asserts his resolution to make no peace with Rome. Volumnia, at the outset of her first long plea, seeks to arouse guilt in him by playing on his love and compassion for his family. This time she resorts to the threat of suicide.

For either thou  
Must as a foreign recreant be led  
With manacles through our streets, or else  
Triumphantly tread upon thy country's ruin  
And bear the palm for having bravely shed  
Thy wife and children's blood. For myself, son,  
I purpose not to wait on fortune till  
These wars determine. If I cannot persuade thee  
Rather to show a noble grace to both parts  
Than seek the end of one, thou shalt no sooner  
March to assault thy country than to tread—  
Trust to't, thou shalt not—on thy mother's womb  
That brought thee to this world (V, iii).

This time he does not immediately recoil from the possibility that he will cause his mother's death, though the danger that she will kill herself has much more directness than her earlier prophecy of doom. Does he resist now because unconsciously he senses the implied hostility in his mother's purpose and because he knows that it is a choice between his life and hers?

Despite his wife's assertion that she will follow Volumnia's example, he says only

Not of a woman's tenderness to be,  
Requires nor child nor woman's face to see  
I have sat too long (V, iii).

With that he rises to depart. He permits his mother to detain him with a second long plea.

Some psychoanalytic criticism of Shakespeare is impaired by the exclusive attention it pays to plot rather than to close reading of the dialogue. Since Shakespeare customarily chose his dramas from existing narratives, he did not have an entirely free hand in selecting the incidents he dramatized. In this instance, a man in Coriolanus's position would surely have detained, by force if necessary, his wife, his child, and his mother. But Shakespeare's audience would not have tolerated a change in the outcome of so well-known a legend as that of Coriolanus, even if the poet had desired to make the change. He could, however, and often did subtly alter the psychological motivations for the actions of his borrowed characters. He did so here. Volumnia first menaces Coriolanus with the ignominious reputation he will suffer if he destroys his native city. She pauses for a reply, and when none comes, she prods him futilely with, 'Speak to me, son'. Because he remains silent, she appeals to his sense of honor; that failing, she asks sharply, 'Why dost not speak?'. The next section of her speech, for which Shakespeare found no suggestion in Plutarch, affords a singular display of aggressive, domineering motherhood.

There's no man in the world  
More bound to's mother; yet here he lets me prate  
Like one i' th' stocks.—Thou hast never in thy life  
Show'd thy dear mother any courtesy,  
When she, poor hen, fond of no second brood,  
Has cluck'd thee to the wars and safely home  
Loaden with honour. Say my request's unjust,  
And spurn me back; but if it be not so  
Thou art not honest; and the gods will plague thee



That thou restrain'st from me the duty which  
To a mother's part belongs.—He turns away (V, iii).

Why does he turn away. The conflict in Coriolanus must be extreme. He has always regarded himself as a patriot; yet in attacking his native city he believes in the justice of his revenge on the plebeians who sought to destroy him, and on the patricians whom he feels betrayed him. He has been a devoted, obedient, and reverent son; yet his mother is maligning him with the monstrously ridiculous charge of filial ingratitude. He turns away in anger, for how can he respond otherwise than with anger to the injustice and bitter hostility of her words?

In real life a Coriolanus would have had other choices than the one here provided of sacrificing his own life to satisfy his mother's demands. But Shakespeare, following Plutarch, could only exercise his great skill in providing satisfying motivations for the actions his source imposed upon him. The psychological and dramatic values implicit in this conflict between mother and son must have determined his decision to develop the characters in Plutarch's biography, and everything he put into the play prepares for this moment. Volumnia's motivation is complex. Rome's salvation must be uppermost. Almost as important is her concern for her son's future fame, especially as his reputation involves her own. To subdue him she once again employs her last weapon.

This is the last. So, we will home to Rome,  
And die among our neighbours. Nay, behold 's!  
This boy, that cannot tell what he would have  
But kneels and holds up hands for fellowship,  
Does reason our petition with more strength  
Than thou hast power to deny it. Come, let us go:  
This fellow had a Volscian to his mother;  
His wife is in Corioli and his child  
Like him by chance. Yet give us our dispatch:  
I am hush'd until our city be afire,  
And then I'll speak a little (V, iii).

Coriolanus yields again not so much to her scornful words as to

the repeated threat of suicide. Responsibility for that is more than he can withstand, particularly when it is joined to the challenge to order her to her death that is implied in her words, 'Yet give us our dispatch'.

The stage direction reads, 'He holds her by the hand, silent'. The speech in which he submits moves him to tears, and the tears are shed for himself. 'This unnatural scene', as he calls it, at which the gods laugh, is the spectacle of a mother condemning her son to danger and probable death. After silently holding her hand, he breaks out

O mother, mother!

What have you done? Behold, the heavens do ope,  
The gods look down, and this unnatural scene  
They laugh at. O my mother, mother! O!  
You have won a happy victory to Rome;  
But for your son—believe it, O believe it!—  
Most dangerously you have with him prevail'd,  
If not most mortal to him. But let it come (V, iii).

In his British Academy Lecture in 1912, Bradley said, '... she answers nothing. And her silence is sublime' (1). The sublimity is currently less apparent. She has reasserted her supremacy, and there is nothing more to say. That Coriolanus can face death at her command is not surprising; that he has been doing since his youth. Faced with the choice of destroying his mother or losing his own life, he can only, though reluctantly, choose death.

Coriolanus's inexorable maternal superego decrees that he sacrifice himself. At the same time, to the force and rigidity of his superego is added the danger of acting out his matricidal impulses. His conscience is the product of absolute identification with or introjection of Volumnia, and it is fascinating to observe how well Shakespeare understood both the process of superego formation and the sadistic, self-destructive nature of such a conscience. Its genesis is most clearly revealed in an earlier passage as he is taking leave of his mother to go into exile.



Nay, mother,  
Where is your ancient courage? You were us'd  
To say extremity was the trier of spirits;  
That common chances common men could bear;  
That when the sea was calm all boats alike  
Show'd mastership in floating; fortune's blows  
When most struck home, being gentle, wounded, craves  
A noble cunning. You were us'd to load me  
With precepts that would make invincible  
The heart that conn'd them (IV, i).

These precepts and his mother's example have turned him into the rigid personality Menenius describes after Coriolanus has brought Rome to the verge of civil war upon being denied the consulship.

His nature is too noble for the world.  
He would not flatter Neptune for his trident,  
Or Jove for 's power to thunder. His heart's his mouth.  
What his breast forges, that his tongue must vent;  
And being angry, does forget that ever  
He heard the name of death (III, i).

Menenius speaks truly although his admiration is uncritical. A little later in the play, Volumnia says, 'Anger's my meat; I sup upon myself, / And so shall starve with feeding' (IV, ii). Coriolanus, of course, has accepted his mother's violence as an appropriate mode of behavior. For him vehement plain-speaking is a compulsion of conscience that cannot be put aside.

Most interesting psychologically is the conflict between mother and son in Act III, Scene ii, when Volumnia urges him to bow to necessity and submit himself to the judgment of the tribunes. It is founded on Shakespeare's surprising understanding of the phenomenon of the child who holds to parental principles with an inflexibility that in no wise binds the parent from whom he has received them. Volumnia is opportunistic and can accommodate herself to the demands of the occasion. Coriolanus cannot, despite the urging of his mother and his friends. No character in Shakespeare's plays adheres so unwa-

veringly to Polonius's high-sounding but dubious maxim, 'This above all: to thine own self be true, / And it must follow as the night the day / Thou canst not then be false to any man' (Hamlet, I, iii). Volumnia has imposed upon her son a concept of himself, an ideal, that imprisons him within an iron mold that he can crack but cannot break. Throughout the scene he struggles between his desire to obey his mother and the demand of his conscience that he be true to his own nature.

Coriolanus is confused, as any child must be, at discovering the discrepancy between his mother's standards and her practice. The scene opens with Coriolanus's declaration that, no matter what the consequences, he will persist in the defiance of the plebeians that has brought Rome to the brink of civil war. The rash patrician to whom he speaks replies, 'You do the nobler'. What baffles Coriolanus is his mother's censure of his conduct. He confesses his confusion to his friend. Midway through his speech, he becomes aware that his mother has entered and he addresses her.

I muse my mother

Does not approve me further, who was wont

To call them [the plebeians] woollen vassals, things created

To buy and sell with groats, to show bare heads

When one but of my ordinance stood up

To speak of peace or war.—I talk of you.

Why did you wish me milder? Would you have me

False to my nature? Rather say I play

The man I am (III, ii).

Impatient as one must be with his self-destructive obstinacy, one cannot but feel compassion for this bewildered man.

The argument that follows between mother and son about his returning to humble himself and placate the tribunes is wholly engrossing. During the early part of the scene, Volumnia's exhortations arouse only such laconic responses as 'Tush, tush', or 'Why force you this?'. In the face of the combined urgings of Menenius, Cominius, and his mother, he weakens and seems to accept the idea that he must do for others what he would



not himself do. Understanding himself better than they do he says, 'You have put me now to such a part which never / I shall discharge to the life'. His mother presses him to yield.

I prithee now, sweet son, as thou hast said  
My praises made thee first a soldier, so,  
To have my praise for this, perform a part  
Thou hast not done before (III, ii).

In the first ten lines of his reply to his mother, Coriolanus bitterly expresses his sense of betrayal of himself; the degradation of himself she requires him to perpetrate.

Well, I must do 't.  
Away my disposition, and possess me  
Some harlot's spirit. My throat of war be turn'd,  
Which choir'd with my drum, into a pipe  
Small as a eunuch's, or the virgin voice  
That babies lull asleep! The smiles of knaves  
Tent in my cheeks, and schoolboys' tears take up  
The glasses of my sight! A beggar's tongue  
Make motion through my lips, and my arm'd knees,  
Who bow'd but in the stirrup, bend like his  
That hath receiv'd an alms!—I will not do 't,  
Lest I surcease to honour mine own truth  
And by my body's action teach my mind  
A most inherent baseness (III, ii).

To bend this steel conscience to her will, Volumnia at once accuses him of preferring her death to the sacrifice of his pride. Pride she calls it, and some there may be, but here as elsewhere he is following the only course of conduct his superego will permit. As horror of his repressed matricide exceeds his revulsion at the humiliation he must undergo, he submits and undertakes to force himself to act against his desires.

We are now prepared to understand one of the most perplexing minor problems of the play: why Coriolanus cannot accept the praise of his admirers but must habitually disparage his feats of heroism, and stubbornly conceal his wounds and scars. When Cominius, his general, starts to proclaim to the Senate

Coriolanus's heroic exploits, he refuses 'To stay to hear my nothings monstered' (II, ii). He shuns all praise, especially in the scene in the first act following his victory over the Volscians. As Lartius begins to narrate to Cominius his valorous deeds, Coriolanus interrupts.

Pray now, no more. My mother  
Who has a charter to extol her blood,  
When she does praise me grieves me. I have done  
As you have done, that's what I can; induc'd  
As you have been, that's for my country.  
He that has but effected his good will  
Hath overta'en my act (I, ix).

In another man this generous statement that the risk and the effort make all equal might be called modesty. Although Coriolanus is no braggart, one can hardly attribute modesty to this fierce, arrogant, scornful, vituperative, aggressive, lofty patrician.

The true explanation of this interesting facet of Coriolanus's personality affords another insight into Shakespeare's psychological subtlety. Volumnia provides the basis for understanding in a speech imagining her son in battle against the Volscians.

Methinks I hear hither your husband's drum;  
See him pluck Aufidius down by the hair;  
As children from a bear, the Volscies shunning him.  
Methinks I see him stamp thus, and call thus:  
'Come on you cowards! You were got in fear,  
Though you were born in Rome.' His bloody brow  
With his mail'd hand then wiping, forth he goes  
Like to a harvest-man that's task'd to mow  
Or all or lose his hire (I, iii).

The final simile contains the secret. Like the reaper who must mow the whole field or get no pay, Coriolanus must achieve the absolute or deserve neither reward nor praise. He is aware of his extraordinary exploits, but even they do not satisfy the exorbitant demands his conscience makes upon him. He is a truly pitiable figure. He can be contemptuous of cowardice and weakness in others, but because he can never do enough, he cannot win the gratification of self-approval. Since self-approval



is lacking, he hears the praise others, even or especially his mother, heap upon him with pain rather than pleasure.

I have tried in this paper to make plain some previously unheeded aspects of the relationship between this mother and son. Specifically, there is her determination to maintain her dominance over him, even at the cost of his life. To achieve her supremacy on the two occasions when his rebellion threatens her role of Roman mother, as she conceives it, she resorts to the charge of matricide. Second, the exorbitance and inflexibility of Coriolanus's conscience force him into pain and danger without the reward of self-approval. His superego compels him to act politically in a provocative and self-defeating manner, bewilders him when he finds his mother can abandon the principles he has learned from her, and, in the end, makes him choose his own death rather than hers. Volumnia is most truly Coriolanus's tragedy; defeat is the inevitable end for the arrogant, angry, rigid man she has created.

Shakespeare clearly approached the oedipal situation in Coriolanus with a directness and bitterness impossible when he wrote Hamlet. No longer must the hero be a young 'sweet prince', 'the glass of fashion and the mold of form', a courtier, soldier, scholar. Nor is Volumnia like Gertrude, gracious, warm, affectionate, charming, penitent, devoted, who lies and makes excuses for Hamlet and whose last words are spoken to save his life. Shakespeare made Volumnia a most repulsive mother, who created a son we can admire and pity but cannot like. Shakespeare allowed her no word after she forced Coriolanus's submission. In Rome all classes hail her as the patroness and savior of the city, but in Corioli, alone among his ancient enemies, her son pays the price for her victory with the death to which she unlamentingly dispatched him. A Volscian lord orders his funeral.

Bear hence his body,  
And mourn you for him. Let him be regarded  
As the most noble corse that ever herald  
Did follow to his urn (V, vi).

With the same cold, griefless admiration, the audience takes

leave of Caius Marcius Coriolanus, Rome's mightiest warrior, the haughtiest and most irascible of her patricians. We respect him for his valor and honesty, but his uncontrolled ferocity and arrogance make him the least lovable and least loved of Shakespeare's tragic heroes. He is the masculine counterpart and product of his mother, her victim in life and death.

With another writer there might be no more to say. But I have oversimplified Shakespeare's judgment. Coriolanus, like many other characters, is the beneficiary of Shakespeare's dramatic impartiality. And therein lies a most attractive insight into the poet's own personality. The finest spirit of modern psychotherapy is given expression by the words of the Duke in *Measure for Measure*: 'Love talks with better knowledge, and knowledge with dearer love' (III, ii). One finds characters in many of the plays speaking and acting in that spirit. One of the most extended and subtle of these instances occurs in that famous speech of Hamlet's:

So, oft it chances in particular men,  
That, for some vicious mole of nature in them,  
As, in their birth—wherein they are not guilty,  
Since nature cannot choose his origin—  
By their o'ergrowth of some complexion  
Oft breaking down the pales and forts of reason,  
Or by some habit that too much o'erleavens  
The form of plausive manners, that these men,  
Carrying, I say, the stamp of one defect,  
Being nature's livery, or fortune's star,—  
Their virtues else—be they as pure as grace,  
As infinite as man may undergo—  
Shall in the general censure take corruption  
From that particular fault . . . (I, iv).

It is odd that most critics have failed to recognize that Hamlet, and so presumably Shakespeare, would never join 'in the general censure', in those popular condemnations that spring from conventional morality and consequent failure of understanding. Another character Shakespeare drew who exhibits this insight and love is Lepidus in *Antony and Cleopatra*. Replying to



Octavius Caesar's violent attack on Antony's passion for Cleopatra, he says:

I must not think there are  
Evils enow to darken all his goodness.  
His faults, in him, seem as the spots of heaven,  
More fiery by night's blackness; hereditary,  
Rather than purchas'd; what he cannot change,  
Than what he chooses (I, iv).

His genius, probably furthered by reading St. Paul, that great apostolic psychologist, brought Shakespeare this psychological tolerance. The quality finds expression in a pair of interesting comments on Coriolanus in the first scene of the play.

*First Citizen:* I say unto you, what he hath done famously, he did it to that end. Though soft-conscienc'd men can be content to say it was for his country, he did it to please his mother, and to be partly proud; which he is even to the altitude of his virtue.

*Second Citizen:* What he cannot help in his nature, you account a vice in him (I, i).

Here as elsewhere Shakespeare leaves us with the blissful uncertainty of suspended judgment. He seems to have felt, like Joseph Conrad, that one must speculate about, but can never fully explain, something so complicated as a human being. Just before the climax of this play, Aufidius, Coriolanus's inveterate enemy, ponders the mystery of his ally and adversary.

I think he'll be to Rome  
As is the osprey to the fish, who takes it  
By sovereignty of nature. First he was  
A noble servant to them; but he could not  
Carry his honours even: whether 'twas pride,  
Which out of daily fortune ever taints  
The happy man; whether defect of judgement,  
To fail in the disposing of those chances  
Which he was lord of; or whether nature,  
Not to be other than one thing, not moving  
From th' casque to th' cushion, but commanding peace  
Even with the same austerity and garb

As he controll'd the war; but one of these,—  
As he hath spices of them all—not all,—  
For I dare so far free him,—made him fear'd;  
So, hated; and so, banish'd; but he has a merit  
To choke it in the utterance (IV, vii).

The realization reflected in these passages that man is not captain of his soul, that he is subject to intrapsychic forces beyond his conscious control, is surely the ultimate source of Shakespeare's large, liberal, humane representation of mankind.

The uncertain chronology of Shakespeare's plays makes it dangerous to yield to the temptation to connect the writing of *Coriolanus* with the death of Shakespeare's mother in September 1609. But this bleak treatment of the mother-son relationship most certainly brought to an end the extended self-catharsis that emerged during the eight or nine years of his great tragic period, which included *Hamlet*, *King Lear*, *Othello*, and *Macbeth*. The necessity for identifying with his heroes in order to express their passions and anguish required that the artist have access to his most strongly repressed unconscious feelings.

### SUMMARY

Late in his career Shakespeare turned to the legend of the prehistoric Roman hero, *Coriolanus*, who, in deference to his mother's entreaties, abandoned his vengeance and spared ungrateful Rome. It is a tragedy ensuing from an oedipal mother-son relationship. *Volumnia*, the mother, is a consumingly fierce, domineering woman and mother. Widowed when her only son was an infant, she reared him to be a harsh, contemptuous, intolerant, arrogant patrician and a ferocious, indomitable warrior. Upon this mighty man she then imposed the role of submissive son who must obey his mother and strive for her constant approbation. She so imposed her values upon him that she created in him a superego that made him a man of iron rigidity. Since his conscience does not permit compromises, he is a military hero but a failure as politician and statesman. *Volumnia* ultimately contrives his doom.

When extreme conflict arises between them because she can



sacrifice her principles to the demands of reality while he, so thorough has been the process of introjection, cannot, she makes the charge that he is causing her death, or that she will commit suicide to force his submission. So stringent is the conflict between his conscience and his unconscious death wishes—Volunnia had sent him at sixteen to his first battle and gloried in his wounds and scars—that he automatically submits. On a second occasion, when at the head of the Volscian army, he is at the gates of helpless Rome, which he has vowed to destroy in revenge for his banishment, she renews her threats to overcome the stubbornness with which he clings to his desire for vengeance. Although her threat that she will commit suicide as soon as he advances on Rome has more probability than her former complaint that she would be killed if he caused civil war in Rome, Coriolanus tries to resist because he knows now he must choose between his death and hers. Ultimately, his conscience compels him to choose his own death rather than his mother's.

The hidden theme of matricide has not been noted in previous discussions of the play, although other aspects of the œdipal situation have been well presented, especially by Hofling (4). Hitherto, the rigidity and exorbitance of Coriolanus's conscience have not received due emphasis; nor has his perfectionism, the need for absolute accomplishment imposed on him by his conscience, been offered as the explanation of his inability to tolerate hearing himself praised.

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## ALBERT A. ROSNER

1910-1962

Albert A. Rosner was born in New York City on July 30, 1910. He died there on March 3, 1962, of a myocardial infarction while participating in a research symposium on hypnosis at Bellevue Hospital.

For the last eleven years of his life Dr. Rosner was a member of the New York Psychoanalytic Society and the New York Psychoanalytic Institute. During those years he served both Society and Institute in many capacities. At the time of his death he was the Society's representative to the Executive Council of the American Psychoanalytic Association, a member of the Board of Trustees of the Institute, chairman of the Library Committee, and a member of the Program Committee. Previously he had been for many years chairman of the Society's Publication Committee, which is responsible for preparing the summaries of its meetings that are a regular feature of *THIS QUARTERLY*. In all of these capacities Dr. Rosner demonstrated a rare combination of talents. He had high intellectual gifts, true scholarship, and tireless industry. Whatever he undertook to do he did conscientiously and well, with both thoroughness and an excellent sense of proportion. At the same time there was no one who was easier to work with or work for. He had a great capacity for friendship and an unusual sweetness and gentleness of spirit.

From the time of his matriculation at the New York Psychoanalytic Institute in 1946 psychoanalysis stood first among Rosner's many interests. Even before 1946, however, he had had a distinguished medical and scientific career. He received his A.B. in 1931 and his M.D. four years later from the University of Pennsylvania. Following a two-year rotating internship he spent a year as resident at the New York Psychiatric Institute, two years as resident at the New York Neurological Institute, and a year as research associate of the Matheson Commission for Research in Encephalitis. He published half a dozen psychiatric and neurological papers during the years 1939 to 1942, one of them a chapter on the psychiatric sequelae of epidemic encephalitis in a volume issued by the Matheson Commission.

From 1941 to 1945 Rosner served in the U. S. Army Air Force, in which he attained the rank of Lieutenant Colonel. Another group of



papers, seven in all, emerged from his war years. Among them was a report of recorded interviews with psychiatric patients, at that time a quite novel undertaking.

In 1940 Dr. Rosner was appointed to the teaching staff of the College of Physicians and Surgeons of Columbia University, and he continued to teach there, except for the time of his military service, until his death. He taught first in the department of neurology, later in that of psychiatry, where he was an instructor as well as an associate attending psychiatrist at the New York Psychiatric Institute. In addition he served for many years as a teaching consultant at the Veterans Administration Hospital in the Bronx.

In 1952 Rosner wrote a chapter entitled *Psychiatric and Psychoanalytic Aspects of Neurologic Disease* for *The Psychology of Physical Illness*, edited by Leopold Bellak. In 1959 he contributed to *THIS QUARTERLY* an excellent review of a book on psychoanalysis and modern learning theory, a most intriguing and difficult subject. As I know from many personal discussions, Rosner was deeply interested in clinical problems in psychoanalysis as well as in its theory. He was a first-rate clinician in every sense of the word. At the December 1961 meeting of the American Psychoanalytic Association he presented a paper entitled *Mourning Before the Fact* which would, doubtless, have been but one of many psychoanalytic papers had he lived. When he died he was just at the height of his powers as an analytic scholar and investigator. He had much to give and the will and capacity to give it.

In 1938 he married Elsie Lincoln, then a biologist and subsequently a science writer, and they had two boys, now twenty-one and eighteen years old, both of whom, like their parents, are following careers of science. Rosner, himself, was a man of the widest possible interests. In addition to his purely professional studies, he had read widely and knew much about many branches of science: biology, of course, but the physical sciences and technology as well. He could discourse on bridge building or build his boys a rowboat. He was a good amateur painter, an excellent photographer, and a lover of music, literature, and the theater. Yet, he loved the out of doors. He was an expert and widely traveled fisherman, enjoyed a tramp in field or woods, and was proficient in many outdoor sports. To any friendship, and he had many, Rosner thus brought an ability to

share whatever interests his friend might have. Many loved him, many leaned on him, many valued him, and he gave to all in the cheerful, affectionate, generous, and modest way that was peculiarly his.

CHARLES BRENNER, M.D.



## BOOK REVIEWS

THE PSYCHOANALYTIC STUDY OF SOCIETY, Vol. I. Edited by Warner Muensterberger and Sydney Axelrad. New York: International Universities Press, Inc., 1960. 384 pp.

It is a satisfaction to students of the social sciences with interest in psychoanalysis to know that the series of volumes, *Psychoanalysis and the Social Sciences*, founded by Géza Róheim (Volumes I—V, 1947-1958), are to be continued, with revised title, under the able editorship of Drs. Muensterberger and Axelrad. Despite inevitable variations in quality of the essays, this is a worthy first volume in the new series.

In *Characteristics of Totalitarianism*, Robert Waelder writes an excellent summary of the nature, tactics, and paranoid trends of totalitarianism, and the inducing of the same traits in defenses against totalitarianism. Norbert Bromberg's *Totalitarian Ideology as a Defense Technique* brings these points into focus clinically in the individual patient, the insecure authoritarian personality. K. R. Eissler, in *The Efficient Soldier*, contributes an edifying essay on how adaptation to military culture embodies the 'pathology of the normal' in dull, constricted, almost inhuman personality molds: the ideal soldier is not quite the ideal human being characterologically. In *A Cross-Cultural Study of the Relationship Between Values and Modal Conscience*, Monica Bychowski Holmes reports on the Harvard studies by Dr. Florence Kluckhohn, and relates time, relational, activity, human nature, and nature orientations to corresponding hedonistic and authoritarian conscience types in France and America. These four essays form a natural unit: the cultural, the clinical, the subcultural, and the cross-cultural approaches to the same subject.

*Primitive Therapy*, by Ari Kiev, is a cross-cultural study in ethnopsychiatry of the relationships between child training or socialization and therapy techniques in a number of societies,—techniques that require patient-activity, forcing the disease agent to desist, sacrifice, blood-letting, and other activities; pathogenesis itself shapes the cultural assumptions and conceptualizations to be found in the respective primitive therapies. Zachary Gussow's *Pibloqtoq* (Hysteria) Among the Polar Eskimos is masterly; it is the first such study of an ethnic psychosis that should satisfy both the anthropologist's

sense of loyalty to cultural specifics and the psychiatrist's awareness of clinical dynamics—a difficult task cleanly accomplished. The individual clinical case is ably treated in Terry G. Rogers' paper, *The Evolution of an Active Anti-Negro Racist*,—a related theme, since this cultural phenomenon is clinically pathological in the individual.

The third section of the book, on Creativity, opens with a case study by Bernard G. Meyer and Richard S. Blacher of *The Creative Impulse—Biologic and Artistic Aspects* in a young Negro woman writer. *The Origins of Culture: Cooper and Freud*, by William Wasserstrom, explores James Fenimore Cooper's primitivism, a theme dear to Freud: the creative writer's insights, which are often articulated only later by formal sciences. Dorothy F. Zeligs brilliantly illuminates the much-neglected aspect of *The Role of the Mother in the Development of Hebraic Monotheism*, as Exemplified in the Life of Abraham. Again in the admirable tradition of Theodor Reik's psychoanalytic studies of religion is the scholarly and consummately insightful study by Andrew Peto on *The Development of Ethical Monotheism* through both the levitical and the prophetic traditions in the Old Testament. Peto's study is brilliant and fitly crowns the anthology. If the editors can continue to provide such thoughtful studies they will continue to have enthusiastic and grateful readers.

WESTON LA BARRE (DURHAM, NORTH CAROLINA)

HORDE-BANDE-GEMEINSCHAFT. EINE SOZIALPSYCHOLOGISCH-PÄDAGOGISCHE UNTERSUCHUNG (The Horde, the Gang, and the Community. A Sociopsychologic Pedagogic Investigation). By Hans Zulliger. Stuttgart: Ernst Klett Verlag, 1961. 202 pp.

This book is the result of the accumulated wisdom of an inspired teacher and open-minded observer of youth. Zulliger, the famous Swiss pedagogue, attempts to classify children's groups according to the level of socialization reached by them and suggests methods for furthering this socialization.

The author distinguishes between the horde (*Horde*), the gang (*Bande*), and the community (*Gemeinschaft*). The first, the most primitive group formation, owes its existence to some common internal or external pressure and shows little coherence or con-



stancy. It is exemplified by the simultaneous congregation of people in front of a grocery store in time of food shortage and also, perhaps unexpectedly, by children horded together in a classroom at the beginning of the school year. While the reader might speculate on the relative role of spontaneity in both these groups, Zulliger makes him focus on the common determinant, the 'Not' (displeasurable pressure) brought to bear on them. The gang, a 'second step of socialization', has a leader. The members identify with each other and jointly strive toward betterment of living conditions or abreaction of impulses. The gang is seen as rather static and inimical to ego growth, over and above the call of necessity. A gang of pupils, for instance, will jointly resist the demands of school authorities. The community is a group with common ideals and interests, serves cultural goals, and integrates individual members who know and love each other. Usually, Zulliger states, there is a leader, alive or dead, who epitomizes the ideals of the group: a prophet, priest, or teacher.

The complexities of civilizations, such as social scientists and group psychologists have shown during the last thirty years, make the relatively simple theoretical premises of the book hard to accept. Not so the practical aspects. The chapters dealing with methods of classroom teaching and with the handling of difficult situations and individuals are rich in stimulating thought, a veritable treasure chest for the classroom teacher and the group worker. Perhaps the most important contribution of this book is the author's generous and candid description of shaping a gang into a community for the purpose of better learning and character formation. At the very beginning of the school year the teacher informs the student of the prescribed curriculum. The desired goal, for instance, 'fifteen lessons in your French book', is described not as an easy task but as a challenge. This is fortified by the tentative comparison with other seventh graders of earlier vintage who were able to top the prescribed quantity by three whole lessons. As for the teacher, he represents himself as undemanding, stating that he would be well satisfied with a mere twelve lessons per annum, if it were not for the far distant school authorities who impose the hardship of the actual curriculum. Throughout the school year, an occasional reference to this neatly split-off anonymous 'bad' teacher enables Zulliger to remain the 'good' teacher: a teacher cast in the role of a helper or foreman rather than a boss invites positive identification. As a

deliberate device for fostering and fortifying group identification, Zulliger counts mistakes and grades performance not of individual pupils, but of the group as a whole. The pride in the group's scholastic record, reliability, and other qualities is stressed far beyond individual achievement.

Delightfully simple sounding, yet in all likelihood inimitable is the author's dealing with misdemeanors such as lying or stealing. Real guilt is handled by having the grade share the responsibility and participate in restitution; guilt feelings are relieved in a cathartic way by having the students write themes about themselves which the teacher keeps confidential but to which he responds in a comforting way. In view of the current emphasis on early heterosexual sociability in this country (going steady, dating), Zulliger's point of view is noteworthy. He tries to delay the students' tendency to pair off as long as possible because he regards it as detrimental to group cohesiveness and hence to group ambition and learning.

MARIA W. PIERS (CHICAGO)

**MOTIVATION FOR CHILD PSYCHIATRY TREATMENT.** By Philip Lichtenberg, Ph.D., Robert Kohrman, M.D., and Helen MacGregor, M.S.S. New York: Russell & Russell, Inc., 1960. 220 pp.

This book presents a systematic investigation of one of the most important issues in psychiatric clinic and casework agency practice as well as in private practice of psychiatry and psychoanalysis, particularly with children. Thirty children and their parents were studied by a child psychiatrist and psychoanalyst, a clinical and social psychologist, and a psychiatric social worker in the child psychiatric unit of a large urban general hospital. These families, however unusual, all had some psychological problem and all had come at least once to the child psychiatric clinic. The authors aimed 'to learn what goes on in family life after the problem has been recognized but before the family enters our clinic. The essential focus of our interest is summarized in the phrase "motivation for treatment".' They sought understanding of untreatable cases, of pertinent aspects of treatable cases, of the foundations upon which psychotherapy builds, of the initiation of coöperation under special and stringent conditions, and of large-scale motivated action. 'The seeking of help and the seeking of health are motivated endeavors: they have impulsion,



direction, and definite goal objects or states that satisfy them. Because it is such a broad part of living, one can delve into the relation of the motive for help to all of the other motives in a person's life.'

The authors utilized the psychoanalytic model of the psyche as outlined by Rapaport to present a theory of motivation for treatment. This theory they base on the following ideas. The wish for help is a family need; it is the parallel, in the family, to an ego-interest or quasi-need in an individual and is, therefore, derived from or imbedded in the three psychological areas of the mental apparatus: namely, 1, that oriented inward toward the underlying instinctual drives, the sources of psychic energy; 2, that oriented toward the surroundings, the other similar motivational systems in the family; and 3, that oriented toward the external surroundings, the goals or source of motive gratification. In their theory of motivation, the authors assume that the family is a corporate unit and that analogies can be made between its behavior and that of an individual.

They point out that the parents are driven by contradictory forces, since on the one hand the existence of the child's symptomatology is gratifying to them and, on the other hand, it is dissatisfying. The intensity, or the amount, of energy invested in the wish for help may very well be proportional to the degree to which the symptom gratifies the parent, stimulates guilt, provokes defensive maneuvers against gratification, and the resolution of these forces both within the individual parent and child, and within the family. Each one of these elements represents a motive which, with its particular countermotives, is a step in the hierarchy of forces culminating in the derivative motive called here 'the wish for help'. The authors submit that, at any one moment, the form of behavior chosen will center around that need felt to be most urgent, but also that need about which there can be the most clustering of other needs, thus providing the greatest degree of satisfaction of need-tension within the motivational field.

Motivation for treatment in a child psychiatric clinic is not simply an isolated need seeking its goal but is rather the expression of a family orientation, having as its focal point the need for help with an effective movement toward the psychiatric clinic. The behavior is a vector, a resultant force which both in its intensity and direction represents an integration of forces and possible goals. (That goal will dominate the organism which can best allow for focusing of the entire motivational field about it and about the need most directly

related to it.) When a family arrives at the clinic, we can say that this family perceives the clinic as the best source of satisfaction of need-tension at that particular moment.

The authors isolated for investigation three facets by which the clinic as a goal may be integrated with the need for help; namely, 1, the family will conceive of the clinic as if it were typical of any goal that the family might encounter; 2, the clinic will be evaluated according to its usefulness for the existing family needs; and 3, the clinic will be considered in terms of how well it accords with all other social relations that the family may use for need-gratification. The variables the authors call 'motivational determinants' lie within these three contexts. Their study leads them to the conclusion that expectancy of success when the goal is psychological help is less important than the anticipation of the division of satisfactions. The satisfaction of some needs may contradict or conflict with other needs in the organism.

Three ways are used to study the family's expectation of division of satisfactions: 1, identification of a general tendency which modifies or qualifies behaviors associated with particular settings; 2, study of those settings in which the expectation is most steadily expressed; and 3, the observable expressions of such expectation that can be elicited in the clinical interview. The authors selected two sets of observations to be used in measuring the expectation—parent-child relations and family social memberships.

The authors analyzed interviews, psychological tests, questionnaires, and contacts with other professional people knowing the family. They used rating-scales to investigate: 1, the family's experiences on the way to the clinic; 2, family beliefs about the nature of psychological problems; 3, parent-child relations; 4, the family and the community; and 5, mental health rankings of the child and family.

A particularly fruitful area of investigation was the congruence of the family's ideas about the problem and its belief about the appropriateness of psychiatry as its solution. Statistical studies of the data indicate the healthier families tend to find psychiatric care more appropriate to the task they envision as necessary and also more satisfying to their need than do less healthy families. The not unexpected finding that being psychologically healthy is an aid to the integration of psychiatric care within one's personal life brings us again to the fact that poorly motivated families constitute the main challenge



to psychiatric clinics today. Psychiatric clinics, the authors believe, will increasingly become experimental stations that are devoted to the techniques that will often be applied widely in the future outside the clinic in organizations having mental health experts as part of the professional team. They see a second trend, interdependent with this one: the continued increase in use of psychotherapy itself for the help of children and adults.

A second cogent sector of the research was the pattern of parental interference in the child's development leading to continuing conflicts between parents and child. The readiness of the parent to concede that conflict exists between the child and himself is not unexpectedly an important factor in the capacity of the parent to seek and to use help for his child. The problems of interference are significantly correlated with both family mental health and child mental health. Similarly, the family mental health ratings correlate significantly with the social desirability ratings, the latter pertaining to the fears people have about the social consequences of obtaining psychiatric care. Such findings, here necessarily briefly and somewhat arbitrarily summarized, corroborate the impressions of many clinicians regarding families who come to a child psychiatric clinic, those who do not follow through even the initial diagnostic period, those who enter treatment but leave prematurely, and those who benefit considerably from the treatment.

The authors focus upon the ego-psychological approach to the family in evaluating material which the original clinic contact can readily elicit. Their research tools and findings provide clinicians with guidelines to help them evaluate the motivation of the individual family and to plan a program which can add to, rather than detract from, the already limited motivation of many families who may make an approach to a psychiatric clinic. We have at our disposal today too few tools to help us understand the functioning of a family group, or for reliable predictions regarding the family's behavior in a particular area of life. The staffs of child psychiatric clinics, perhaps more than any other professional groups, have had to deal empirically with the family group and to base selection and management procedures on a series of experiences, intuitions, and prejudices which have rarely been subjected to careful systematic study.

Motivation for Child Psychiatry Treatment provides us with both a body of concepts and a set of rating scales, making it possible for other clinic groups to replicate this work with larger and different

clinic populations. At the same time, an example has been set for a type of clinical research at once pragmatic and theoretically stimulating. The authors' sample was small, and drawn from a particular hospital area containing a larger number of Jewish and Negro families than might be found in many other clinic populations. However, their conceptualizations and careful methodology can profitably be used and built upon by other students of the extremely important question of who comes to psychiatric treatment facilities, who leaves quickly, who stays, who profits, and why.

EVEOLEEN N. REXFORD (BOSTON)

ON PERCEPTION AND EVENT STRUCTURE, AND THE PSYCHOLOGICAL ENVIRONMENT. Selected Papers. By Fritz Heider. Psychological Issues, Vol. I, No. 3, Monograph 3. New York: International Universities Press, Inc., 1959. 123 pp.

This third number of Psychological Issues is a remarkable work that deserves close study by those concerned with psychoanalytic theory. It comprises six papers by Fritz Heider on the nature of the psychological environment and an orientating introduction to these papers by the editor of the volume, George S. Klein. Heider, a professor of psychology at the University of Kansas and for many years closely associated with the movement known as Gestalt psychology, addresses himself to the problem of how real objects are transformed into the material of psychologically real events. The first two papers consider the nature of objects, their structure, and their mediation by events and by other objects. *Thing and Medium*, written in 1926, and *The Function of the Perceptual System*, written in 1930, maintain a freshness and profundity that few psychological works can match. In the third paper, *The Function of Economical Description in Perception*, written for the present volume, Heider discusses the correspondence between the structure of objects and the tendency of the perceiver to 'strip away the redundancy of stimulation', that is, to interpret stimulus patterns in terms of the most economical description. It is this correspondence that achieves adaptive and veridical perceptual response. These first three papers provide a systematic guide for considering the riddle of adaptive reality contact in the face of drive cathexis of perceptions.

The fourth paper, *Environmental Determinants in Psychological*



Theories, discusses implicit fallacies in psychological theories that rely exclusively either on proximal or distal determination of perceptual experience. In *The Description of the Psychological Environment in the Work of Marcel Proust*, Heider focuses on Proust's remarkable capacity to describe the subjective environment—the life space. Heider chooses excerpts from *Remembrance of Things Past* to illustrate such experiences as the shifting impressions of a single object with altered drive cathexis, drive-organized reminiscence, and the effects of reduced cues on the development of transferences.

In the final paper, an address in honor of the late Kurt Lewin, Heider's treatment of Lewin's ideas about intention has direct bearing on the analyst's regard for psychological reality as part of the causal texture of present behavior.

PHILIP S. HOLZMAN (TOPEKA, KANSAS)

ART AND ILLUSION; A STUDY IN THE PSYCHOLOGY OF PICTORIAL REPRESENTATION. By Ernst H. Gombrich. (The A. W. Mellon Lectures in the Fine Arts, 1956.) New York: Pantheon Books, Inc., 1960. 466 pp., 300 illus.

Over the years, psychoanalysis has produced a rich harvest of studies that link an artist's work to his specific history. Less often has psychoanalytic thinking been applied to the process of artistic creation as such or to the relation between an artist and his public. Gombrich's book is an important contribution to these questions. His avowed concern, 'why representation has a history', leads the author to the psychological aspects of image making and image reading, and beyond that to the nature of artistic creativity.

It is hard to do justice to a book so tremendously broad in scope and rich in content which also invites both continued research and continued speculation. Hence, this review will limit itself to a rather meager synopsis and, since the reviewer is neither an artist nor a historian, to such speculative thoughts as are germane to dynamic psychology.

Art is to tell a tale. Hence, like any other medium of communication, it needs a language understandable to the speaker and to the listener alike. Any language is based on a tradition which, to be sure, undergoes some change with the passage of time. But never

can the original vocabulary of a language be abandoned abruptly and in its entirety in favor of spontaneous vocal productions unheard of before. Similarly, representative art cannot suddenly abandon its language, its entire set of symbols, and hope to become spontaneously, untraditionally articulate. It is therefore erroneous to seek the origin of representative art in the spontaneous, unbiased observation of nature, or to conceive of an artist as a *tabula rasa* on which the true image of nature is suddenly imprinted. If man could become an artist merely by looking at a landscape or at a human face, then illusionist art would be found in all civilizations at all times. Obviously it is not. In fact, Stone Age people, though infinitely more concerned with observation of natural phenomena than later generations, hardly ever achieved pictorial illusions. Neither they nor we have direct access to depiction of nature by mere contemplation of it. They, like we, depended on a set of symbols, a language which a painter can use to convey his message. What then is the meaning of nature study? What is it that a painter does when he plants his easel on a rocky beach with waves, clouds, and seagulls? He does not merely take in a multitude of percepts. Instead he actively scans the seascape before him, making what Gombrich calls 'an effort after meaning'. Merely to see passively cannot be enough for painting a picture. Vision as such is, as the author reminds us emphatically, like all perception, highly ambiguous. This fact everyone has experienced, whether he is familiar with perceptual psychology or not. We have all on occasions doubted what we saw or heard, have all been in situations where only a variety of different interpretations led us to the conclusion that a certain object in the sky must be, say, a seagull and not a mosquito or a DC-6. Our anticipation, based on memories and supported by various nonvisual sensory clues, or, as Gombrich calls it, 'the power of expectation', helps us to diagnose what we see. It seems then that all perception, whether the artist's or the onlooker's, is built on the model of the old childhood adage—'smells like applesauce, feels like applesauce, tastes like applesauce, must be applesauce'. It is the task of the representative artist to suggest to us also the looks of applesauce or of gulls, rocks, waves. This task he could not possibly realize with the multitude of visual percepts that normally crowd in on him were it not that his viewing is already selective. He looks for those elements he has seen before, because they have been painted before. He projects into the scenery at hand the scenery



that the older masters have taught him to see. Their works are the starting point for his own artistic experimentation, the point from which he 'tests tradition and improves upon it'. This 'systematic comparison of past achievement and present motifs', then, is the meaning of the artist's study of nature.

From this one may surmise that the artist learns his craft in much the same way as ordinary human beings learn various skills and assimilate knowledge in the postcedipal, latency, and adolescent periods: by identifying themselves at first wholeheartedly with their elders, then becoming increasingly critical of them and testing the value of their precepts, returning to a partial identification, and finally synthesizing the old traditions and the new additions in an identity. This identity, an ordinary human being's unique way of solving problems, corresponds to the artist's style. Style serves him as the specific vehicle in which he conveys his message, much as a writer uses his specific language. And just as the public is prepared to listen to a message in a given language, so is it mentally prepared for representational messages in a given style. But just as language changes under the influence of creative writers to better fit the content to be communicated, so does the visual artist modify the style to make it serve his specific purpose.

The purpose of representation does indeed change substantially in the course of time. It starts with the archaic artist 'making a thing in its own right', an idol or 'potent image', the test of which is not its likeness to life but its magic efficacy. From there, under the impact of many generations of artists, representation is made to match the visible world more and more, to the very point of illusion when it depicts 'the imaginary fleeting moment of time'. In the course of this gradual progression, the ancient art of magic image-making gives way to the 'more subtle magic we call art'.

Gombrich demonstrates this principle by tracing the development of representation in Western civilization from the art of the ancient Orient (figures that symbolized, for instance, grandeur or power) through the narrative, imitational art of Greece in the sixth and fifth centuries before Christ, which were 'concerned not only with the what, but also with the how of mythical events', and intent on convincing the beholder. By late Roman times painting had achieved illusionism: the image was 'pried loose from the practical context for which it was conceived and . . . admired and enjoyed for its beauty and fame, quite simply within the context of art'.

A statement like this might give the reader the impression that Gombrich advocates the wholesale endorsement of all illusionist art. Far from it. He merely warns us about another much more fashionable attitude, the wholesale condemnation of illusionist art. Such condemnation, he contends, is bound to deprive us of part of our cultural heritage and rob us of a vital premise for future artistic development.

Illusionist art is being hailed not so much as a feat of skill but as a sign of greater freedom of the spirit: a freedom from archaic fear and a freedom to fantasize. With this orientation, it is consistent that Gombrich regards Byzantine art as a decline ('... the image had recovered something of the potency it once had') and the Middle Ages as a period in which lifelike representation lay, so to speak, dormant. Only the post-Medieval artist abandoned once more the 'potent image' and attempted to match his paintings to life. This artist's constant search for greater likeness to life, his and his successors' readiness to change and to learn, Gombrich hails as 'the leaven of the Western mind which pervades our art no less than our science'.

The illusionism that was once more achieved in the eighteenth and nineteenth centuries was only the logical consequence of this search. But the perfection of illusion was also 'the hour of disillusionment', for it worked so well as to render the onlooker literally incapable of viewing the painting as a mere canvas skilfully covered with paint. The artist thus achieved what he had wanted to achieve, but more too. Not the craft but the illusion was the thing. Gombrich states that this very fact led to the revolution against illusionism by the artist who saw himself deprived of the control he had until now had 'over the architecture on his canvas'. The all-too-perfected means of illusionism were indicted by artist and public alike as inartistic, and banished.

Contemporary nonobjective art is usually regarded as the antithesis of illusionist art and it may therefore come as a surprise that Gombrich shows the derivation of the nonobjective from the illusionist. Not only does he see in it a reaction-formation of twentieth century artists against the illusions conjured by their predecessors, but he traces its theoretical origin further back to Ruskin's fallacious notion of unbiased observation of nature ('innocent eye', Ruskin called it) and to Jean Jacques Rousseau's quest for freedom from all artistic tradition, as demanded in his *Emile*. Gombrich's portrait



of the twentieth century artist with his total rejection of the old masters and his quest for spontaneous and completely original self-expression is then a special case of the self-made man whom Erik H. Erikson portrays in *The Legend of John Henry*.<sup>1</sup>

The quest for spontaneity in depicting the outer world leads logically to search for the spontaneous (one might once more call it 'innocent') portrayal of the inner world. Both, Gombrich assures us, are equally elusive. Though expressionism has managed to abolish those 'restraints that restricted the artist's choice of means and freedom of experimentation', it has also deprived the artist of the chance to learn by identifying with the masters. Yet expressionism has failed to give a direct transcript of feelings or, as has been claimed, a direct transcript of the unconscious. For, like any other subject, the unconscious can only be understood through the filter of accepted channels of communication, through a given language. And any effort to approximate the id, as was attempted by the surrealists, is fraught with danger for communication. While this reviewer, like innumerable other lovers of art, cannot help succumbing to the charms of surrealism, abstract design, and the fantasies these canvases evoke, one has to remind oneself honestly that it is indeed the train of one's own associations which one thereby pursues. As for the artist's associations, they are unfortunately not communicable through his canvases for their context and origin is not known.

The danger of abstract art lies, then, in the glorification of the primary process and the concomitant breakdown of communication. Enjoyable though it may be to mirror oneself in, say, a Jackson Pollock painting, the enjoyment is a regressive one and involves no 'effort after meaning'. This 'effort after meaning', the attempt to replace id by ego, is, according to Gombrich, what characterizes the artist even more than the art lover. An artist '. . . is the man who has learned to look critically, to probe his perception by trying alternative interpretations both in play and in earnest'. Elsewhere the author refers to the artist's gift as 'the power of the creative mind to create and dissolve new classifications'. This formula succinctly replaces such vague terms as artistic sensitivity, vivid imagination, or rich fantasy life. It is obviously true and convincingly simple. Why then does it seem that the essence of artistic creativity

<sup>1</sup> Erikson, Erik H.: *Childhood and Society*. New York: W. W. Norton & Co., Inc., 1950.

is so hard to come by? Why is it that psychoanalytic literature abounded in excellent biographical studies of great artists long before it investigated creativity proper? Why has the emphasis so often been on the id aspect of art rather than on the achievement of the ego?

Perhaps Gombrich has an implicit answer to this question. In Chapter X, which reminds one of Gombrich's fruitful collaboration with Ernst Kris, the author concerns himself with caricature. This art form, he assures us, does not appear in Western art until about 1600, its advent having been delayed chiefly for two reasons. One, 'the invention of portrait caricature presupposes the theoretical discovery of the differences between likeness [a pictorial account true in every detail] and equivalence [a mere suggestion of certain characteristics]'. The other, '... the fear of image making. The reluctance to do as a joke what the unconscious means very much in earnest.'

The artist's omnipotence no doubt frightened both him and his public in those ancient days when witchcraft was as yet an undifferentiated discipline. Today the field is divided: any number of professions have fallen heir to the witch doctor's bequest. The artist, the psychoanalyst, the nuclear scientist, are certainly among them. Each one tends to be awe-inspiring and on occasion overawed by the power he himself wields. May one surmise then that they are sometimes mutually overawing? This would explain the reluctance of psychoanalysts to examine artistic creativity proper. Only a few outstanding ones (Sachs, Greenacre, Beres among them) have done so. It is by contrast much more reassuring to look into a great painter's anacritic needs or the vagaries of his oedipal experience, for it is tantamount to putting him in his place. There is comfort in unmasking a great one as 'really only one of us'. But to look into artistic creativity is almost an admission that some people do indeed possess something approaching omnipotence.

Psychoanalysts are only too well aware of the fact that we all harbor recesses of superstition and awe which hamper insight. Gombrich deserves our gratitude because he remained undaunted by them.

MARIA W. PIERS (CHICAGO)



RENACIMIENTO DE EDIPO. LA VIDA DEL HOMBRE EN LA DIALECTICA DEL  
ADENTRO Y DEL AFUERA (Rebirth of *Œdipus*. Man's Life in the  
Dialectics of Inner and Outer). By Mauricio Abadi. Buenos  
Aires: Editorial Nova, 1960. 291 pp.

This book opens with a review of Freud's concept of the *œdipus* complex and proposes to complement it in the light of the study of the Greek myth rather than to modify it; but as one reads on, it turns out that Dr. Abadi's work—roughly speaking, a piece of applied psychoanalysis—is concerned with the Theban myth of *Œdipus*, not the freudian *œdipus* complex. The currents of psychological thought pursued by the author are those of Otto Rank's trauma of birth and Arnaldo Rascovsky's studies of 'prenatal psychology'.

Since the announced purpose of the book is to further Freud's concept, the reader looks in the opening chapter for a fair statement of that concept as it stands today. This he does not find. Not only is the review entirely too brief and incomplete; it also does two injustices to Freud's concept of the *œdipus* complex. First, it presents Freud's early discovery—what in the twenties he called 'the simple positive *œdipus* complex in the male'—as the definitive formulation. It makes no mention of the later formulations in *The Ego and the Id*; and the 'negative *œdipus*', which Freud ultimately attributed to the basic bisexual constitution of the child, finds no place in Abadi's cursory review. A complete initial review would have drastically altered the author's argument. Second, Abadi presents the concept as if Freud's discovery were the speculative conclusion of a piece of applied analysis, rather than the result of clinical investigation. In this connection, the author conveys the idea that it was mythology that threw light upon the son's behavior and that Freud 'extracted' his understanding of the normal conflict and its neurotic manifestations from his study of the myth of *Œdipus*. Thus the book proposes that further exhaustive study of the myth will result in better, more complete understanding of clinical and other behavioral phenomena.

In the second chapter, as Abadi prepares to follow this line of investigation, he emphasizes the idea that the study of myths is not merely a valid means of investigation but actually is as important and indispensable as the study of dreams for the understanding of man's unconscious. He brings forth an array of historical arguments and quotations from a great variety of sources to the effect that too much reliance on logic, systematic thinking, and objective data often ham-

pers rather than furthers knowledge and understanding, thus precluding discovery. In his later speculation he goes on to relate this rigidity of thought to one of the 'basic anxieties' he postulates—the fear of the outside or outer—which in this instance manifests itself as fear of the new and of the unknown. The author here shows his erudition and mental agility, but he also shows his weakness. His argument seems to have force, but he fails to state or establish it in psychological terms. He presents his data in poetical and philosophical terms and soon the whole acquires an ambiguous and elusive character,—the most pervasive weakness of the author's argumentation throughout the book.

The parallel between dreams and myths, 'the reveries of mankind', is not useful or convincing and the comparison of myth exegesis with dream interpretation overlooks one fundamental difference: that one is an instance of clinical investigation, while the other is a case of 'applied psychoanalysis'. Freud's concept of primary process thought is freely extended by the author into a scheme of phases of phylogenetic psychological development. He postulates four phases: the first two correspond to primary process and reality testing, approximately as formulated by Freud in the seventh chapter of *The Interpretation of Dreams*; the third phase is one in which thought again—this time in a controlled way—includes primary process thinking. This evolution of the organization of thought is not presented within the frame of a structural point of view and it does not correspond to the concept that the ego *uses* regressive modes of thought. No mention is made here of Kris's idea of 'regression in the service of the ego' nor of any similar formulation of ego psychology. This third phase is the phase of artistic creativity. The author's fourth phase is more difficult to fathom: it seems to involve a return to the phase of reality testing and relinquishment of regressive modes, and this Abadi postulates as 'the phase of scientific knowledge'. Perhaps here, as in other places in the book, the reader will see reflected the author's attitude to 'scientific knowledge'.

Chapters three and four are occupied with a fairly exhaustive study of different versions of the oedipus myth and of Sophocles' play. The author refers to the 'latent content' of these and he relentlessly applies them to the explanation of clinical and normal psychological phenomena. As early as chapter four some of the most far-reaching—and far-fetched—conjectures are made. A restatement of



the œdipus complex is proposed. In its deepest and most primary form it is the conflict of the unborn child with his mother, inside of whom he is, and his striving toward his emancipating father, who is outside. This conflict contains a number of psychological elements, among them, the foetal anxiety of being shut in and the longing to be born; the mother's resistance against the birth; and the (child's) birth guilt.

Chapters five and six offer some clinical examples to which these conjectures apply. The analytic process constitutes a reliving of these traumas and conflicts. The analyst in one phase is like the emancipating father; in another shuts the patient in and becomes the trapping mother in the regressive transference. The author postulates two basic anxieties: the anxiety of the inside and the anxiety of the outside. Clinical phenomena such as claustrophobia, persecutory anxiety, and sense of loss of ego boundaries are related to them. The manifestations of either or both basic anxieties occur irrespective of whether the individual is inside or outside.

The bibliography is deficient on more than one count. Certainly the psychoanalytic reader will be disappointed by the fact that almost no psychoanalytic papers on the œdipus complex are as much as mentioned. Furthermore, it is, in the reviewer's opinion, quite likely that mythologists and other scholars will also find it deficient, for many important writers on Œdipus are overlooked.

In summary, for the practicing psychoanalyst, who may seek to further his understanding of his patients with œdipal problems or improve his technique, this book is of doubtful value. For the theoretician who does not have a relatively fixed Kleinian point of view, the author's argument may seem too speculative and conjectural, and often unconvincing. For the uninformed reader, it may be worse, since it tends to leave the impression that not only are the conclusions of this book based on this kind of investigation, but that psychoanalytic knowledge in general has been arrived at in like fashion. However, if one may overlook its many shortcomings, the book, written in a fluent poetic style, makes pleasant reading. Favorable mention may also be made of its fairly exhaustive study of the Greek myth, in which sense the book is scholarly.

ALFREDO NAMNUM (MEXICO CITY)

PSYCHOLOGY AND EDUCATION. Selected Essays. By Hirsch Lazaar Silverman, Ph.D. New York: Philosophical Library, Inc., 1961. 169 pp.

In this slim book Hirsch Lazaar Silverman has encompassed more than his title suggests. Psychology and education, considered as integrating factors in human society, are brought into relationship to what the author considers his special interests: the social sciences and the humanities. In fact, these special interests so dominate this collection of essays that it is difficult to understand the choice of title.

The subjects covered include Psychological Implications in Platonic Philosophy, Existentialism as a Contemporary Psychology: A Critique; and Religion and Psychology: Relationships and Interrelationships. Although in each of these titles the word 'psychology' occurs, it is interpreted in such a broad sense that it becomes indistinguishable from 'philosophy'. In the last essay in the book, The Relationships of Philosophy and Psychology, it becomes clear that the author subordinates psychology to philosophy, describing it as a 'special brand of philosophy': that area of philosophy concerned with 'the study of the psyche, or soul, of man'. Psychology, he says, discovers; philosophy interprets; philosophy makes use of the findings of psychology and other sciences in its search for coherence in the total view of man's existence. Philosophy, religion, and education are closely interwoven.

There can be no quarrel with the author in his vigorous and scholarly presentation of his philosophy of life, nor with the concept that our knowledge and discoveries concerning man and his environment need integration into a philosophical structure. He emphasizes the need in these chaotic times for strengthening the moral structure of society. However, neither the concept of the necessity for goals, nor the goals themselves, are new. The many religions of the world bear witness to man's long search for a way of life free of conflict, anxiety, and hate, free of what Silverman calls 'viscero-genic desires'. If man's will were as free as Silverman believes, why has it been so difficult for him to achieve his goals? And, since man has not achieved them through the centuries, does Silverman seriously believe that his preachments will help?

It seems appropriate for psychology and education to take the lead in seeking the reasons why man has thus failed in his cul-



tural strivings: in what way parents and teachers, despite their ideals, have perpetuated cultural attitudes responsible for the crimes of man against man. Silverman, instead of applying psychological insights to these problems, decries psychology (incidentally without defining which of the many schools of psychology he means).

While psychology does give us partial insight into men, their ways, their behavior, their experiences, it cannot displace tolerance, thoughtfulness, and even commonsense. . . . It takes itself too seriously. . . . When psychology finally admits overtly that it is not Holy Writ, it will certainly rise as a mature study . . . but now it is only a somewhat spoiled child, screeching too loudly and stamping too vociferously for the center of attraction, academically and professionally.

Making Erich Fromm and Harry Stack Sullivan his spokesmen, Silverman expresses his nonacceptance of freudian psychoanalysis. His rejection of the concept of the unconscious and the dynamics basic to psychoanalytic psychology is obvious when he says: 'As teachers and school officials we must try to remain normal people without undue mental setbacks'. Or: 'We must truly love the child. . . . Love provides a warmth and accessibility that encourages confidence and wins that all important factor, the personal coöperation of the child in his own education.'

Whenever Silverman proposes ways by which our society should concern itself with developing spiritual and moral values, he sounds more like a preacher than a psychologist and student of human nature. This is especially true in the chapters, *The Psychological and Psychiatric Factors in Delinquency*, and *Discipline: Its Psychological and Educational Aspects*. In psychoanalytic terms one might say that he is concerned only with the development of the superego in children and youth, without giving consideration to the fact, stated by Freud, that 'the ideologies of the superego perpetuate the past, the traditions of the race and the people, which yield but slowly to the influence of the present and to new developments, and, so long as they work through the superego, play an important part in man's life'.<sup>1</sup>

Considering the author's fields of teaching and the emphasis on psychology and education in the title of his book, it is surprising as well as disappointing that he did not come to grips with his sub-

<sup>1</sup> Freud: *The Anatomy of the Mental Personality* (1932). In: *New Introductory Lectures on Psychoanalysis*. New York: W. W. Norton, & Co., Inc., 1933.

ject. After all, not by preachments but only by making use of our understanding of the individual, his conflicting ideologies, his infantile anxieties (which more often than not accompany him throughout his adult life), and his rigid defenses underlying prejudices and superstitions, shall we be able to contribute to the understanding of social structures and aid the development of spiritual and moral values.

MARJORIE R. LEONARD (STAMFORD, CONNECTICUT)

DRUGS AND BEHAVIOR. Edited by Leonard Uhr and James G. Miller.  
New York: John Wiley & Sons, Inc., 1960. 676 pp.

The title of this book and the reputation of its editors made me eager to review it. What the editors have set out to do, they have done well and neatly. They have collected fifty-one papers by different authors, each paper on a different aspect of psychopharmacology. The papers are brief, well written, well illustrated, and rigidly 'scientific'. However, by including as many diverse points of view as possible, the editors scatter their shots. The book fails, not because it does not represent well the current status of psychopharmacologic research but because it does just that, and no more. The psychoanalyst will find little of interest in the book.

Psychoanalytic theory is often charged with the fault of not lending itself to testing and validation. The techniques for examining effects of drugs presented in this book are operational and testable. But to the clinician they are naïve and removed from the fundamental, biologic variables of human behavior. Rating scales, conditioned reflexes, automatic responses, questionnaires cannot come to grips with basic pathogenic forces and their derivatives. As one might expect, the results are scattered, unsystematic, unpredictable, and useless for clinical application.

This reviewer believes that only the clinical psychoanalyst who is at home with psychoanalytic theory and who has psychoanalyzed patients while they are under the influence of the newer drugs is in a position to work out the specific effects of these chemical agents on the psychic economy. In this book of over 650 pages, including a name index fifteen pages long, there are but two references to Freud: one pointing out that psychoanalytic constructs require



validation, and the second applying psychoanalytic concepts most crudely. Neither of these references occurs in the one chapter that is assigned to the psychoanalytic point of view. This last, written by Kubie, as we might expect, presents incisively and trenchantly the important questions that a master of psychoanalytic theory and practice would ask of a new experimental tool. Unfortunately, at the time that he wrote his paper, Kubie had made no personal observations of psychopharmacologic therapy and, judging from his bibliography, was not familiar with the literature. Hence, he fails to come to grips with the specific data that are available. Moreover, in his discussion he neglects the quantitative aspects of libido theory as a relevant variable, and thus misses what, in my opinion, is the direct correlate with the effects of tranquilizers and energizers. Freud expected that when drugs were found that could relieve mental illness, they would exert their effects upon psychic energy. I believe that the data already available to us amply confirm this remarkable guess.

MORTIMER OSTOW (RIVERDALE, NEW YORK)

TACTICS OF SCIENTIFIC RESEARCH. By Murray Sidman. New York: Basic Books, Inc., 1960. 428 pp.

The psychoanalyst who wishes to do research will find little encouragement in the ordinary book on methods of research. Design of research all too often is treated as synonymous with statistical design and obviously is not suited to the sorts of data the analyst encounters or to the single, or at most few, cases that he treats. The present volume is written in a different tradition and clinicians will find congenial the points of view it advances about studying individual subjects intensively, about the disadvantages of pooling data from many subjects, and about the statistical approach to purging data of disturbing variables in order to produce a kind of purified, idealized situation which incidentally is not true to nature. Sidman correctly notes that rather than being a nuisance to be wished away or balanced out, variability can reveal the lawfulness of behavior when adequate experimental control has been achieved. He offers no list of procedural rules for research but rather views the doing of research as a highly personal, even artistic, matter for which one

can only be prepared, as for any complex profession, through the study of the efforts of predecessors and the extraction of general principles.

Sidman writes for the student of experimental psychology and unfortunately renders his ideas less useful to others by drawing his examples and problems almost entirely from the laboratory study of behavior of animals. The reader who is interested in his thoughtful discussions of such important topics as the reliability and generality of data, replication, and especially the analysis of variability in behavior, must manage for himself the often difficult task of transposing from animal-in-Skinner-box to human-in-consulting-room. But there is much in Sidman's book that is relevant and useful to the clinical researcher—enough to make the task of sifting through it worthwhile.

HERBERT J. SCHLESINGER (TOPEKA, KANSAS)

MENTAL HEALTH IN THE UNITED STATES. A FIFTY-YEAR HISTORY. By Nina Ridenour, Ph.D. Cambridge, Mass.: Harvard University Press, 1961. 146 pp.

With the recent rapid developments in the field of mental health—the increasing support of research, training, and improving the standards of care of patients, the growth of mental health associations, and the appearance of the Joint Commission's report—it is most timely that the basic facts of the mental health movement should be recorded.

Dr. Ridenour gives us here, in a space of less than one hundred fifty pages, the highlights of the story, and an inspiring story it is. She has been long associated with the National Association for Mental Health and is acquainted with the facts. Furthermore, she presents the facts clearly, succinctly, and readably. The story is familiar to many readers of *THE QUARTERLY*, but there are many others—governors, legislators, volunteers, and other interested and influential laymen—who, from reading this account, can gain new impetus in their efforts for progress in the field. Psychiatry and the care of the mentally ill have come far since the day fifty-three years ago when Clifford Beers organized the Connecticut Society for Mental Hygiene, but Dr. Ridenour very properly points out that we still have far to go.



The volume itself is slender, but it is stout in its content, and a valuable addition to the growing literature. It should serve to stimulate some generous donor to subsidize a full-scale history of the work so significantly started by Clifford Beers, preferably soon, while some of the early workers in the field still survive!

WINFRED OVERHOLSER (WASHINGTON, D. C.)

THE ANATOMY OF PSYCHOTHERAPY. Systems of Communication and Expectation. By Henry L. Lennard and Arnold Bernstein, et al. New York: Columbia University Press, 1960. 209 pp.

This volume reports a series of studies at the Bureau of Applied Social Research, Columbia University, applying the concepts and methods of the social sciences to the study of psychotherapy and using especially concepts pertaining to the study of the face-to-face interaction and methods related to the analysis of communication. Psychotherapy is here studied as a special kind of social situation created specifically for the treatment and investigation of emotional illness.

The focus of these studies is not on therapeutic problems, content, pathology, cure, or technique; rather, they use the methods available to the social sciences to study systematically verbal communication and its role in psychotherapy. Recordings were made of eight psychotherapies (four therapists with two patients each) for a period of eight months. Before and during the psychotherapy, each patient and therapist responded to eight questionnaires and interviews.

From the analyses of questionnaires, interviews, and recordings of sessions, the authors arrive at the following conclusions. First, despite major differences in the attitudes and behavior of each therapist and each patient, there are major similarities among therapist-patient pairs in the way the interaction unfolds. This leads the authors to deny that differences in 'school', theoretical orientation, and methods of therapy wholly determine what occurs during therapy. They believe that the most important contribution of therapy is the experience, the total recurrent pattern of interaction of patient and therapist over an extended period. The similarity in therapeutic unfolding suggests to the authors that what is shared by different therapist-patient pairs may be at least as therapeutic as what is unique.

As is correctly pointed out by the authors, however, they have studied only a few variables and those mostly of a formal kind. Thus, for example, we should expect the introduction of variables in content of conflicts, in resistance, and in transference to demonstrate that theoretical orientation does make a significant difference.

Second, the authors found that therapist and patient interact and that feedback plays an essential role in treatment. The therapist is not simply witness, observer, and transference object. The movement of verbal behavior toward similarity focuses attention on the problem of values. The flow of positive and negative sanctions in therapy—the patterning of re-enforcement and extinction types of verbal responses—needs more empirical study. Third, therapy achieves its ‘role learning goals’ to the extent that the patient is able to transfer what he has learned about role patterns in therapy to other significant role relationships.

The authors conclude that an objective dissection of the therapeutic process is at least in some aspects feasible. The elements studied by their method do not comprise the totality of the therapeutic situation, but they do offer a kind of frame of reference or structure for examination of the details as they are filled in.

A useful technique for the study of psychotherapy from the point of view of the social sciences is apparently developed by the authors. From the point of view of psychoanalysis, it will be interesting to see what new problems become prominent as the factors of content, pathology, resistance, and transference are introduced and studied in the course of psychoanalysis as well as psychotherapy.

ARNOLD Z. PFEFFER (NEW YORK)

THE TRAINING OF PSYCHOTHERAPISTS. A Multidisciplinary Approach.  
Edited by Nicholas P. Dellis and Herbert K. Stone. Baton  
Rouge: Louisiana University Press, 1960. 195 pp.

This volume is another example of the malignant trend toward publication of symposia regardless of merit. Most of the contributors seem to have prepared their presentations en route to Louisiana. The peak of casualness and superficiality was attained by the editors, who obviously had interests more vital than study of the subject and editing of the symposium. But the contributions of Harry



Bone, August B. Hollingshead, Harold I. Lief, and Bernard F. Riess will prove of interest to psychoanalysts working with social agencies, clinics, and medical schools.

The over-all content of the volume can be judged from the lip service paid by almost every contributor to the importance of psychoanalytic knowledge in psychotherapy, and from the editors' statement in the summary: 'Although some of the participants felt that personal psychotherapy was quite adequate, one or two others felt that treatment of the psychotherapist should be psychoanalysis and not psychotherapy'.

I wonder whether the National Institute of Mental Health, which supported the symposium, makes any formal evaluation of the results of this sort of training.

H. ROBERT BLANK (WHITE PLAINS, NEW YORK)

THE COUCH AND THE CIRCLE. A Story of Group Psychotherapy. By Hyman Spotnitz, M.D. New York: Alfred A. Knopf, Inc., 1961. 274 pp.

The subtitle of this book indicates in a general way its nature. In his preface the author states, '... feeling the need for a nontechnical exposition of group treatment, I have been aware of a keen desire to share the enthusiasm and interest kindled by my practice with the general public. Written in this spirit, the book subordinates theoretical concepts and techniques to impressions of human beings working together.' The result, written in an appealing style, is a description of certain aspects of group psychotherapy from the point of view of the author.

The book is divided into three parts. In the first, Spotnitz describes his first psychotherapeutic group and how he came to the decision to use group psychotherapy. He then gives an excellent history of the development of group psychotherapy as a form of psychiatric treatment, designating this development, *The Third Psychiatric Revolution*.

The second part describes group psychotherapy. It indicates the role of the therapist and the nature of the patients' relationship to the therapist—'The Phantom Figure' as he is called—particularly in regard to transference reactions. Spotnitz illustrates the flow of dis-

cussion in a group therapy session and discusses indications for psychiatric treatment, especially group psychotherapy. He shows how the therapist facilitates development of understanding and communication in his patients, group and individual. The problem of confidentiality in psychiatric treatment, especially in group psychotherapy, is considered at length in a section with the striking title, *Whatsoever I Shall See and Hear*, taken from the Oath of Hippocrates. The complexities in *The Meaning of Recovery* in group treatment are discussed.

The last part of the book is a discussion, illustrated by the author's own experience, of training the group therapist in which personal analysis is extremely important. Finally, Spotnitz offers a clear account of the different approaches used in group therapy by different theoretical schools, and appraises such possible future developments in group psychotherapy as progress in the treatment of families and extension of group therapy to the study of certain natural groups.

Case illustrations and the author's experiences make all this vivid. Yet the book has limitations. The title, *The Couch and the Circle*, suggests that it will deal with individual psychoanalytic treatment or analysis and group psychotherapy, but it does so only in an insufficiently organized fashion, so that the reader cannot compare or evaluate differences and similarities in the two forms of treatment. In the discussion of transference, resistance, and the relations in the group that are the basis for the group formation, lack of precision in focus and language makes it difficult for the professional reader to assess what is being said. Spotnitz emphasizes the importance of the analytic approach, but some of his descriptions make it difficult to follow this approach from a technical point of view. A similar limitation of some importance results from the emphasis on what happens to the individuals in the group, which blurs our awareness of the functioning of the group as a whole.

These relatively minor defects, however, stem from the author's avowed intention of subordinating theoretical and technical issues to a clear nontechnical account of group psychotherapy. In this Spotnitz has succeeded admirably. He was one of the early workers in group psychotherapy and has become a recognized authority. He writes with warmth and understanding and has faced every issue clearly and with unfailing honesty, even with regard to his own thoughts and feelings. In contrast to some of the less restrained de-



scriptions of group psychotherapy that have appeared, his honest, clear, accurate, and most interesting picture of this form of treatment is of very real value for the general reader.

AARON STEIN (NEW YORK)

THE RORSCHACH EXPERIMENT. Ventures in Blind Diagnosis. By Samuel J. Beck, Ph.D. New York: Grune & Stratton, Inc., 1960. 256 pp.

Any major addition to the existing spate of Rorschach literature needs justification. The present volume has a double claim. First, it offers a novel contribution to the teaching of the Rorschach test. Each protocol and report is complemented by extensive and detailed notes on the author's 'interpretive reasoning', exemplifying the path from administration to diagnosis. As is customary for the sake of scientific integrity, diagnosis was made 'blindly'; that is to say, Dr. Beck never saw any of the patients whose test records he interpreted and he consulted clinical notes only after completion of his report.

The second new contribution is to Rorschach theory. It concerns Rorschach's concept of *Erlebnistypus*, which Dr. Beck himself originally translated as 'experience balance'. The term refers to the quantitative relation in any Rorschach protocol of human movement to color-determined responses. Under the influence of Jungian type psychology, Rorschach supposed that this relation distinguishes between introvert and extrovert personalities, a terminology modified by Rorschach workers to introversive versus extratensive to indicate dominant dynamics rather than types. But although it has always seemed obvious that this relation is meaningful in practical work, it has remained ambiguous and undependable. Consequently, Dr. Beck suggests a new approach by making use not of the quantitative relations between the two types of responses but of their sum, which he calls the 'experience actual' and compares to Freud's 'psychologic economy'. In other words, this sum of responses may reflect the quantity of psychic energy at the subject's disposal—a hypothesis supported by Beck's finding that it remains constant whereas the relation may change and reveal changes in energy distribution or cathexes or both.

This new approach to one of Rorschach's central but more elusive

concepts appears as promising as Beck's contention that he based his test interpretations on 'the major psychoanalytic hypothesis of personality as an accommodation of ego and id forces', or 'as expressing results of an ego-affect give-and-take'. It is somewhat disturbing that, in the same breath as it were, Beck calls on the Jacksonian concepts of brain and nervous system functioning as additional foundation for his own view of personality. It is to be expected that, in this context, Freud and Jackson may turn out to be not merely strange but even incompatible bedfellows.

Upon getting immersed in the body of the book—the eight test records with interpretations and notes—one soon finds that a feeling of bewilderment is due not so much to the prolixity and heaviness of style of the text as to genuine obscurity of meaning. For instance, Beck speaks of a 'neurosis marked by consciously held pathogenic defenses'. He then elaborates on the patient's 'ability to recover from shocks, reflecting reserves on which she can continue to call in spite of the ego's being constantly in action. This ego effort is likely to be the chief obstacle to early success in treatment.' These are baffling statements and cannot possibly be understood on the basis of the Freudian concept of ego. In fact, as one continues, Dr. Beck's ego emerges as a hybrid creature with strangely limited characteristics. For instance: 'A first point of interest in appraising treatability is necessarily the state of the ego. How much wish does the patient show to hold on to established values? And to direct herself by them as a central, piloting set of dictates?' (Is this the superego?) Or: 'The ego is strong but under pressure from defensive needs, and it limits its sights to those needs. The insecurity of the individual . . . urgently commands those defenses. Should they break, the anxiety and terror go out of bounds. Hence the sometimes desperate sticking to the defense pattern and the frightened resistance of any insight that disturbs or breaches them.' Since this applies to emotional illness in general—though one might not want to express it in these anthropomorphic terms—one wonders what light such a statement can throw on an individual case. Furthermore: 'Why had this patient not developed defenses? For ego resources were available to her . . . and defenses are an ego product.' Here Dr. Beck seems to disregard the concept of deficiencies in separate ego functions as well as the concept of the unconscious ego. Actually, what he calls ego appears to be restricted to certain aspects of the conscious ego and of the conscious superego. Small wonder that, in spite of his courageous



and honest revealing of his reasoning in the notes, both notes and reports make unrevealing reading for the psychoanalytically trained reader.

Similarly, the concluding chapters which deal with the Rorschach aspects of prognosis reflect the confusion that results from the author's misunderstanding of Freudian terminology as well as from his determination to force Freud and Jackson into a Procrustean bed. A liberal sprinkling, throughout the book, of references to writings of Anna Freud, Fenichel, and Federn, and to those of authors of other schools of thought tends to compound the confusion. The underlying assumption that entire theoretical frameworks, or even individual technical terms, are directly interchangeable proves a dangerous fallacy. For instance: 'When . . . denials are found in neurotic reaction patterns, the ego's sensitivity and struggle over social values are to be inferred. Where there is ego as consciousness of values, the patient is unhappy over things in himself as they are, and he is willing to coöperate with the therapist in the therapeutic program.' Or: ' . . . a distortion of reality . . . is psychodynamically induced; the patient must so believe in order to be at peace with himself. Such are the perverse contrivances which the human ego can construct by means of the rich cortical processes at its disposal.'

Finally, the author appears naïvely unaware of techniques of psychoanalytic treatment, and his personal attitude emerges as judicial rather than clinical, as exemplified by the following statement: 'It has been the merits of Rorschach's test that it focuses a glass not only on those elements which we despise in men but also on those which we admire'. Summarizing, it may be stated with regret and disappointment that, with the exception of the concept of the 'experience actual', this volume will not add to the knowledge or skill of the psychoanalytic psychologist.

GERTRUD M. KURTH (NEW YORK)

THE MURDERER AND HIS VICTIM. By John M. Macdonald. With chapters by Stuart Boyd and James A. V. Galvin. Springfield, Illinois: Charles C Thomas, 1961. 420 pp.

This book is addressed to the general public and barely deserves review in *This Quarterly*. In his preface the author is apologetic for not being able to eliminate such words as 'ego' and 'superego'

from the text. He then offers Rado's definitions of these terms, definitions expressed in social and moral terms. The book is intended as a somewhat encyclopedic presentation of the murderer, his victim, the psychology of murder, varieties of murder, the urge to confess, various mental disorders, the death penalty, and prophylaxis. It suffers enormously by trying to do too much, and fails in all specific areas. It is sketchy and incomplete both as to data and concepts offered. Statistics are presented, but they are local, with no controls, and the wildest comparisons are made and conclusions drawn. The book abounds in fragmentary case presentations illustrating various themes. No one example is thoroughly developed. The exception to this is the chapter by Stuart Boyd who presents a reasonably comprehensive psychiatric study of a murderer.

The least satisfactory aspects of the book are the psychiatric and psychological. The definitions offered of schizophrenia and psychopathy are at the level of a high school essay. The author's references to ethnic and anthropological data are childlike and naïve. For example, he makes the glib remark that poor Negroes are given to carrying knives. His discussion of ritual murder, murder among primitives, and political assassination is inadequate and taken from fragments of isolated data: the Aztecs are completely overlooked. There is a brief reference to Reik in the discussion of the urge to confess, but its manner of inclusion reveals it as a foreign body in the author's text. In the discussion of suicide there is no mention of the internalized object. Murder by depressed patients is not sufficiently stressed. There is no mention of Brill's or Bonaparte's clinical and psychoanalytic studies on necrophilia.

The discussion of the person and personality of the official executioner is inadequate and incomplete. He neglects to mention Elliott, the Sing Sing executioner, or Franz Schmidt, the famous executioner of Nuremberg. He does not mention the interesting psychosocial problem of the medieval European Jews being forced to supply executioners to certain communities.

The chapter by James A. V. Galvin on Homicide in Fiction is suitable for inclusion in some slick magazine of large circulation. He quotes Reik liberally and engages in polemics with various newspaper critics.

The subject of the murderer and his victim is worthy of an important book, but the one under review does not fulfil the need. Even as a source of simple information it is sadly incomplete; its



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psychiatric and sociological concepts are inadequate and, what is worse, naïve. There is no evidence of psychoanalytic grasp of the material.

SIDNEY TARACHOW (NEW YORK)

## ABSTRACTS

*Journal of the American Psychoanalytic Association*. IX, 1961.

**Ego Psychology and the Study of Mythology.** Jacob A. Arlow. Pp. 371-393.

The author states that one purpose of this paper is to demonstrate how our knowledge of ego psychology may enable us to establish a frame of reference for the psychoanalytic study of mythology.

The myth emerges from unconscious fantasy thinking, which is one level of the ego's integration of the instinctual demands of the id, as well as from a matrix common for the creation of dreams, symptoms, and fantasies. In each individual's fantasy life there is a hierarchy which reflects the vicissitudes of his individual experience as well as the influence of psychic differentiation and ego development. With the passing of the oedipal phase, the unconscious fantasy life becomes more or less organized and the individual's fantasy systems tend to remain constant. The derivative expressions of unconscious fantasy show the increasing effort of mastery by the ego of the underlying instinctual wishes. Also, one set of fantasies may serve to screen out defensively another repudiated set of fantasies. A myth is a ready-made communally acceptable fantasy involving wishes heretofore expressed in guilt-laden private fantasies. While helping the individual to ward off feelings of guilt and anxiety, the myth brings him into relationship with members of his cultural group because of certain common needs, thus constituting a form of adaptation to reality and to the group. Crystallization of identity and superego formation are influenced by the myth.

Arlow uses Jack and the Beanstalk, the myth of Prometheus, and the Bible story of Moses receiving the Law on Mount Sinai to illustrate three mythological variations of the child's wish to acquire the father's phallus by devouring it. In each case the hero of the story ascends and returns with some token of power, wealth, or knowledge. The wish-fulfilling tendency in childhood, in which the contribution of the superego is minimal and the fear of retaliation is disposed of omnipotently, is found in Jack and the Beanstalk. The myth of Prometheus corresponds to that stage of psychic development before the renunciation of the oedipal wishes and the institution of the superego. In the story of Moses, what was originally a crime of defiance and aggression against God becomes an execution of God's wishes. Identification between a mortal and God (father and son) results in sublimation with concomitant shifting of the gratification to feelings of narcissistic omnipotence, reflecting the type of ego organization associated with the beginning formation of the superego. All myths afford instinctual gratification through the medium of identification with one or more figures.

**Some Aspects of Ego Vicissitudes in Adolescence.** Elisabeth R. Geleerd. Pp. 394-405.

Partial regression to the undifferentiated phase of object relationship is, in the author's opinion, a regular occurrence in adolescence. Although it contributes to the adolescent's instability and to the threat to his sense of identity, it is essential for the loosening and restructuring of his personality, impelling him to search for



new love objects as models with which to identify. Out of his constant fear that this regression may go too far and result in dissolution of his self, the adolescent reacts with rebelliousness, negativism, and abrupt changes of love object to increased dependency and any 'giving in' to either inner or outer demands experienced as a threat.

The adolescent's awareness of many bodily changes and his unstable sense of identity result in increased inward and outward directed perceptiveness, a factor in his enthusiasm, his capacity to be inspired, and his artistic or intellectual endeavors. Due to the vulnerability of his ego, real life traumas in adolescence are more likely to lead to neurosis in adult life than traumas suffered at other times. The ego of the girl has a more difficult task in the transition from adolescence to adulthood because of the need at this time to shift from phallic genitality to femininity.

**Disorder and Consolidation in Adolescence.** Leo A. Spiegel. Pp. 406-416.

During adolescence there are normally alternating phases of chaos and consolidation. Underlying these alternating phases are interacting processes consisting of the adolescent's struggles to achieve genitality, a firm sense of self, a nonincestuous object, and, finally, a steady relation between the three psychic systems. In the course of these processes, the phallic organization of the libido disintegrates and is succeeded by a fluctuating constellation of oral, anal, and genital impulses: the well-anchored sense of self is disturbed; the kinds of instinctual satisfaction which are permitted or forbidden fluctuate.

In evaluating an adolescent for analysis, it is essential to ascertain whether he has really been exposed to the adolescent process, is submerged by it, or is emerging from it. This cannot be determined from his apparent life pattern because its order or disorder does not always reflect accurately his internal mental organization. Often the adolescent will not complain of inner disorder because his ego and superego are able to tolerate considerable mental flux and contradiction. However, when dealing with emotionally loaded topics, his language will often become unintelligible.

The author illustrates the usefulness of the above considerations with examples of two nineteen-year-old patients: one was untouched by the adolescent process; the ego of the other was thoroughly fragmented by it.

**Adolescent Into Adult: An Inquiry.** Gerard Fountain. Pp. 417-433.

According to the author, five qualities, which are in some degree the result of the intensity of the oedipal struggle that is revived at puberty, help to distinguish adolescents from adults. 1. Adolescents tend to have intense, volatile feelings due to the newness of the instinctual forces, the inexperience of their egos in using newly acquired resources, and their wish to experience all sorts of emotions strongly and frequently in order to attain reassurance against the fear of loss of control. 2. Adolescents experience both frustration and anxiety as castration, and therefore have little tolerance for either. 3. The adolescent's reality testing is poor, especially in situations involving a parent or parent substitute. He is likely to be unaware of the probable consequences of many of his actions and is prone to misunderstand the feelings or behavior of others. 4. The adolescent's capacity for self-criticism is deficient; he is unable to see himself as others

see him because everyone of consequence to him is endowed with the characteristics of the fantasy figures of his oedipal drama. 5. Adolescents are less able than adults to concern themselves with persons or events which do not impinge on them personally. In their creative efforts (which are for their own enjoyment for the most part) the hero is the author disguised.

Adulthood is reached when the intensity of cathexis of the original oedipal figures has been diminished sufficiently for the individual to see himself and his world more accurately. Displacement is a prominent mechanism in this change of cathexis: one substitute after another is found for the oedipal figure, then used and discarded. This results in a dilution of the oedipal impulses and emotions.

**Some Observations on the Relationship Between Genitality and Structural Development at Adolescence.** Marjorie Harley. Pp. 434-460.

The strengthened genitality at adolescence is the most powerful stimulus to the ego to change and grow. However, when the ego has failed at earlier maturational levels (particularly in the phallic-oedipal phase), it is unable to deal with the increasing genital and aggressive pressures of puberty and rigidly opposes change and growth. By contrast, the child who has been able to assimilate his active phallic strivings and secure a firm, positive oedipal position is more likely to enter latency with his genital the most important erotogenic zone, his homosexual tendencies outweighed by heterosexual ones, and a sufficiently firm core of inner identity to permit the continuing partial identifications necessary for sound superego development. The pregenital sadistic components of his superego will be tempered by nuclear forgiving and tender elements. This enables his ego to tolerate the increasing internalization of the superego and his ego ideal to gather its own cluster of ideals.

Following disruption at puberty, the psychic structures are normally enlarged and recast in a sound structural organization. But when the child's phallic-oedipal phase has been aborted, the structural dissolutions at adolescence are limited to pregenital structures. Only in the most favorable cases will the maturational forces of puberty bring about a revival of the premature, forsaken phallic-oedipal position with a subsequent development of genital structures. The author believes that in such cases the physiological changes of puberty (strengthened genitality) may favor analysis. She illustrates this with material from the analysis of a sixteen-year-old boy who has been in uninterrupted treatment with her from the age of nine.

**Mirror Dreams.** Alan J. Eisnitz. Pp. 461-479.

The author demonstrates with clinical material that mirror dreams occur as a rule at a time of crisis when an emerging wish, or a forbidden success related to oedipal conflicts centering around primal scene fantasies, may cause the superego to threaten the self with castration. The mirror dream represents a defense against this threat. According to the author it accomplishes this by a process which involves a reversal of superego formations. The threatening introject is projected onto the mirror and is reintrojected as a protector of narcissism, after having been magically mastered by omnipotent voyeurism. Thus, when threatened, narcissistic mortification disturbs the dreamer's sleep, the dreamer looks into the mirror as a awakened sleeper might inspect his room for a source of



noise and make a 'farcical' investigation during which he tells himself: 'Go back to sleep. Don't be afraid. There is no one here but you, or someone who loves you.' By means of the mirror dream, the patient's narcissism registers a protest against the analyst: 'Don't bother me. Let me sleep undisturbed. I don't want you to watch me. Only I should watch.'

**Freud's Dream of the Botanical Monograph.** Alexander Grinstein. Pp. 480-503.

The author infers that the dream of the botanical monograph was very important to Freud. Freud mentions it repeatedly in *The Interpretation of Dreams* and, except for the dream of Irma's injection, does not treat any of his other dreams in such detail. Grinstein attempts to extend Freud's analysis of the dream by bringing in material from other sources related to Freud's life and experiences.

**The Significance of Visual Images During the Analytic Session.** Max Warren. Pp. 504-518.

The author observed that in some patients interruptions in verbalization during the analytic hour are coincident with un verbalized visual images. These are found when the relationship to the analyst is threatened by the emergence of derivatives of anxiety-producing drives in the transference. A topographical regression occurs which is analogous to the process of dream formation when thoughts are transformed into images, mainly visual, and in accordance with considerations of suitability for plastic representation. With this regression, the patient withdraws temporarily from the analytic situation by not verbalizing his psychic processes; also, by means of the visual images, he is able to discharge those impulses which he fears might disturb the wished-for relationship with the analyst. The technical use of these visual images in the analytic session is therefore of help in overcoming resistance. When there is a pause in the patient's verbalizations, Warren asks the patient to describe what he sees; if the patient describes a visual image, he is asked to relate what he had been thinking about just before its occurrence. The verbalization of the visual image re-establishes the patient's communication with the analyst and blocks the patient's efforts to keep the analyst 'out of the picture'.

The author illustrates his points with incidents in the analyses of four patients. He postulates that patients in whom visual images occur in lieu of verbalization are highly narcissistic, sadomasochistic persons who experience repetitive humiliation fantasies and express a great need for love and approval.

**A Note on Trauma and Loss.** William F. Murphy. Pp. 519-532.

According to the author, a trauma serves a defensive screening function. Following the summation of many fantasied traumas, which are screens for old unresolved narcissistic injuries, a susceptibility to the development of a major traumatic event sets in. Such an event is actually an externalized internal conflict, and has an effect comparable to acting out. It protects the individual against severe regression or disintegration by aiding the ego in the establishment of a phobic type of defense and bolstering the mechanisms of denial, dissociation, and avoidance.

With detailed accounts of three cases, Murphy demonstrates that the relation

of traumas and traumatic neurosis to external catastrophic events is an artificial one, and that even in these cases the accumulation or summation of a series of losses and narcissistic injuries is of primary etiological importance. He demonstrates also that the need for a trauma screen in certain individuals can create a trauma in a dream or fantasy. Furthermore, in many patients, a series of manifest traumas is associated with a parallel series of underlying hidden losses and narcissistic injuries.

**Denial and the Sense of Separateness.** Arnold H. Modell. Pp. 533-547.

On the basis of clinical observations which indicate a close relationship between the ego function of reality testing and the investment of an object perceived as separate from one's self, Modell suggests that denial in the adult is the outcome of a regression or an arrest in the ego's capacity to differentiate between the self and object. He believes that the intensity of the denial is specifically related to the degree of this regression. In his opinion there is no absolute distinction between neurotic and psychotic denial; the difference is that, in the psychotic, reality is not merely disowned (denied) but object cathexes are lost and portions of the ego and superego are substituted for the lost object cathexes.

According to the author, in borderline cases separation anxiety sets in motion the defensive denial of separateness from the object in order to create the illusion that the object is part of the self and cannot be lost. A male fetishist denied certain aspects of reality; for example, he was convinced that he need not work because the therapist would do the work for him. In the transference, the therapist stood for the primal maternal object who, as a transitional object, was endowed through the processes of introjection and projection with qualities of the self. As the patient was frustrated in this expectation, his need for still more massive denial resulted in a wish for fusion with the therapist by way of incorporation. This wish was manifested by a desire for sleep and by terrifying nightmares of being incorporated by an ameboid breastlike object. On one occasion, after having overheard the therapist retch in the bathroom, the patient reacted with a most intense desire to sleep and took an overdose of medication in order to do so. According to the author this was an unconscious suicidal attempt which had as its aim a still greater dedifferentiation in the form of an oceanic fusion with the breast.

**The Role of Early Psychic Functioning in Psychoanalysis.** Leo Rangell. Pp. 595-609.

The author notes that the more recent exploration of the narcissistic neurosis and the direct observation of both normal and psychotic children has shifted our emphasis from the oedipus complex to the earlier phases of life and their more primitive mechanisms and phenomena. The fact that these early, still undifferentiated phases exist, and the conscious or unconscious expectation of being able to influence their development, has given additional impetus to their study. Investigations are carried out by means of observations of infants, including newborn, and by long-range developmental studies. They are also being reconstructed in the analyses of neurotic and psychotic adults and children from patients' preverbal mechanisms of communication, which include the quality of their affective expressions, gestures, and posturality.



Rangell warns against the danger of overlooking or minimizing vast segments of observable data as a result of drawing all-inclusive generalizations from one particular component of these early phases of development. He calls attention to the fact that the function of the early psychic apparatus as a composite whole is greater than the sum of its component parts. The need to integrate the various individual components of early psychic development rather than to retain them as isolated units is stressed. In evaluating their role, one must bear in mind that they may be used as resistance against higher psychic functioning and, while disturbance of functions at the earliest level may serve as forerunners of later traumas, often the decisive trauma will occur at a more advanced level of development.

The author cites contributions already made toward the elucidation of early psychic functioning. Among the specific and crucial problems in the field are those of experimental design and validation, and the study of such constitutional psychological data as activity patterns, discharge channels, thresholds of defense, the capacity to tolerate anxiety, unusual and special sensitivities, and the quantity, balance, and distribution of drive energies.

**A Survey of Freud's Writings on Earliest Psychic Functioning.** David L. Rubinfine. Pp. 610-625.

The author surveys Freud's views on early psychic functioning by reviewing the theoretical constructs and formulations in his papers from a three-fold viewpoint: 1, the innate data and initial conditions of this earliest period; 2, the theories dealing with instinctual drives, ego development, and the resulting psychic contents; 3, separation of the ideal models of earlier psychic functioning inferable from these hypotheses. Throughout his presentation the author underscores the significance of the change from passivity to activity as a general principle of ego development and the central element in the unfolding of psychic structure.

Freud's central contribution to the theory of earliest mental functioning is the concept of the instinctual drives and their epigenesis as innate givens which serve as the nuclei around which experiences organize. He postulated inborn apparatuses for both drive discharge and drive restraint in his references to channels or pathways of affective discharge and to thresholds respectively. He regarded affects and consciousness as innate involvements in earliest psychic functioning.

Freud attributed inhibitory tendencies to the experiences of conflict between the instinctual drives and external reality, and a gradual differentiation of drives, restraints, and structures from the internalization of the conflicts. The drive-inhibiting structures can develop too early or be excessively strengthened by experiences with resulting fixation at, or regression to, early zonal position. The experiences of frustration and deprivation constitute an essential condition for the ability to distinguish between inner and outer reality; i.e., ego from object. In the process of differentiation of the self and the object a 'purified pleasure ego' prevails and introjects everything pleasurable, while it ejects everything painful; hate plays a specially significant role, particularly in the distinction of self from nonself. The system perceptual consciousness, with its command of motor innervations which determine whether a perception can be made to

disappear, has the function of orienting the individual accurately between inner and outer reality. This function is enhanced by the reduction of the sensory intensity of stimuli impinging upon consciousness from within, by the attachment of verbal symbols to memory traces, and by the formation of the superego to scrutinize its mental derivatives before they reach the status of percepts, distinguishing them from percepts in the external world. Freud assumed that the mother's constant libidinal investment in the infant stimulates the growth of his libidinal reservoir. In fact, as a general principle of ego development Freud elaborated the change from the passive to the active mode, which in infancy particularly was an identification with the active mother.

Freud assumed the core of the ego's inhibitory functions to reside in the central nervous system. He described innate thresholds against stimuli (stimulus barriers) which serve as precursors of, and apparatuses for, later defense mechanisms. He thought some elements of defense would derive from such inherited physiological modes as incorporation and ejection; others like displacement are primitive instinctual mechanisms used secondarily for defense. The author is of the opinion that the simple barriers to instinctual-drive discharge described by Freud, and the early mechanisms like 'turning against the self' and 'reversal into the opposite', share the characteristics of instinctual drives, and that drive-restraining mechanisms may be the precursors of the superego.

Rubinfine concludes his summary with models of early psychic functioning. In the first model, the drives are regulated by the pleasure principle; in the second, the concept of drive-inhibiting forces and structures prevails. In these models the change from passivity to activity accompanies and regulates the development of structure.

**Some Early Prototypes of Ego Defenses.** René A. Spitz. Pp. 626-651.

The author considers the possible physiological prototypes of several defense mechanisms. He stresses that he is referring to the available innate capacities for making use of neurophysiological and morphological givens for the purpose of coping with environmental conditions. Under the decisive influence of the relationship with the mother, the child creates the defense mechanisms from these innate capacities. Prototypes are chosen from what is available during the child's first two years of life, and the mother plays an important role in the choice, utilization, and elaboration of these into defenses, as, in the beginning, she is the exclusive representative of the child's environment. A single mechanism may be related to several different prototypes and, conversely, a single neurophysiological given may be a prototype for several defenses. For example, modes of functioning of infantile perception and its inhibition have their analogue in repression, denial, projection, introjection, and isolation.

The stimulus barrier is the prototype of repression. Repression shares with denial a lack of cathexis, but in repression there is in addition a counter-cathexis. Closing of the eyelids should be considered the prototype of withdrawal of cathexis in both repression and denial: it is the precursor of denial. The lack of a boundary between the 'I' and the 'non-I' forms the necessary prerequisite for both introjection and projection. Food intake is the prototype available for the former; at three-months regurgitation and vomiting are available as prototypes for the latter.



From neonatal sleep, purely a physiological phenomenon devoid of psychological content, real sleep, a regression to satiation at the breast, develops. This earliest regression is the prototype of the later ego defense mechanism of regression. Sleep in which cathexis is withdrawn from the sensorium can also be considered a prototype of denial, while the dream is a prototype for undoing where an intention of the drive is manifested and nullified in the same act.

In a footnote the author notes that sublimation, reaction-formation, and intellectualization belong to a series of psychological devices developed at a higher level; they are based on previously established psychological devices. Sublimation and probably reaction-formation are predicated upon the presence of the superego.

**Some Developmental Observations Relating to the Theory of Anxiety.** John D. Benjamin. Pp. 652-668.

The results of longitudinal study of children and their families, from the third or fourth month of pregnancy on, are incompatible with Rank's thesis that the birth trauma is the one overwhelmingly important factor in the causation of pathological anxiety and severe neurosis. However, they are in agreement with Greenacre's proposition that the birth experience is one of several factors associated with a variable predisposition to anxiety. The author agrees with Freud that constitutional factors play a much more important role in the predisposition to anxiety and neurosis.

Benjamin refutes the tendency to consider the first six to eight weeks of life as being essentially without psychological content. He states that it is empirically demonstrable that different experiences are differently perceived and utilized in learning at this age. For example, the smiling response of the two to two-and-a-half-month-old child is not only maturationally determined but is significantly correlated with previous experiences with the mother as a source of tension reduction and of undifferentiated positive affect. With the lowering of the stimulus barrier in the first three to four weeks of life, the increase in tension accumulation through increased external stimulation demands the intervention of an 'object', i.e., a mother figure, for help in tension reduction. In the absence of such an object the infant is prone to outbursts of negative affect which may be considered an indication of an increased predisposition to anxiety. It can be demonstrated that different previous experiences significantly codetermine the frequency and nature of fear responses in the third, fourth, and fifth month to strange situations, strange objects, and occasionally even to strange faces. The author's data does not confirm Spitz's differentiation of these reactions as responses to memory traces of real danger; true anxiety responses, or fear of object loss, occur later in the first year of life, i.e., the eight-month anxiety. The infant's maturationally determined capacity to distinguish between the face of the mother and of the stranger has existed long before the existence of this anxiety. The maturational organization of aggression into object-directed hostility and anger is a necessary condition for this anxiety, in addition to the more definite organization of the libidinal investment in the mother, the further development of the earlier distinctions between her and others, and between the 'I' and 'non-I', as well as the ego's increased capacity to anticipate and predict. It can be clearly

demonstrated that individual differences and experiences also play a significant role in the development of this anxiety.

Benjamin states that observable variations in the ratio between 'stranger anxiety' and 'infantile separation anxiety' denote important variability in response to the basic fear of object loss. On the dynamic level these differences reflect different configurations of other forces, such as aggression toward the mother and fear of the intruder who comes between the infant and the mother. These, in turn, are related to different experiences and possibly to different innate tendencies. Extreme degrees of 'separation anxiety' and 'stranger anxiety' in the infant seem to have some differential predictive value for the future course of anxiety development.

In his concluding comments the author states that his data support the formulation that the ego experiences anxiety rather than produces it, and that the quality of the anxiety experienced depends on the stage of development of the ego functions, drive organizations, and object relationships.

**Some Factors in the Development and Significance of Early Object Relationships.** Margaret E. Fries. Pp. 669-683.

The analytic treatment of seriously disturbed patients has been the greatest source of information about early psychic development. The analyses of adolescent and postadolescent patients, who are trying to adjust to anticipated marital and parental life, provided Fries with an opportunity to trace in the same person the influence of the earliest drives, defenses, and object relationships on their present ego ideals as mate and parent. According to the author, one can tentatively reconstruct from such analyses the earliest time that the mother's own libidinal development can exert an appreciable influence on the infant, and what role the infant's congenital make-up plays in the development of his object relationship. Longitudinal studies on newborn infants, many starting with the mother's pregnancy, have revealed how the mother's attitudes influence the infant's affects. They also revealed the influence that the sex, physical appearance, color of skin, vigor, and motility of the infant can have on the mother's attitude.

Some questions raised in an earlier paper in collaboration with Paul Woolf on the variable infantile motility types are dealt with in detail.

**Reconstruction and Theory Formation.** Rudolf Ekstein and Leo Rangell. Pp. 684-697.

Reconstructions link the present material with the many fragments of the patient's past history which are amassed during treatment. Early in the history of psychoanalytic technique, reconstructions were concerned mainly with the rediscovery of certain childhood events; later efforts at reconstructions aimed at establishing genetic patterns, theories of development, and theories concerning the nature of the psychic apparatus and the early mental functioning. Interest then turned to the preverbal life of the patient, including, in addition to his conflicts, the nature of his psychic functions and the precursors to the psychic apparatus. The authors observed that the reconstructions pertaining to the earlier preverbal period are not as reliable and verifiable as those pertaining to oedipal development and to the latency period. However, careful observation and under-



standing of gestures, postures, affective and psychosomatic responses, and of the different forms of acting out and play-acting in children aid in reconstructions concerning this early period. They warn that one must be careful that these reconstructions are not based only on partial insight and theories which are geared to technical purposes.

**Follow-Up Study of a Satisfactory Analysis.** Arnold Z. Pfeffer. Pp. 698-718.

The author examines more intensively the follow-up study of one patient in order to evaluate more precisely the potentiality and limitations of the use of a series of follow-up interviews by an analyst other than the treating analyst. He has chosen for this study a 'satisfactorily' analyzed patient in an attempt to determine whether the same kind of transference phenomena would emerge as were observed in previously reported follow-up studies of less satisfactorily analyzed patients. Of significance is the fact that, despite a satisfactory analysis, the patient of this study experienced a brief recurrence of her original symptomatology in reaction to the interviews. This is understood as a manifestation of the residue of the analytic transference.

**What Analytic Work Requires of an Analyst: A Job Analysis.** Joan Fleming. Pp. 719-729.

The author examines the tasks of an analyst and correlates these with the skills and tools which he must possess. Since the patient needs to learn more about himself, his capacity to communicate must be developed. In order to help the patient, the analyst should possess the capacity for communication. Also, in his work with the patient, the analyst must build a type of interpersonal relationship in which the analytic process can operate, i.e., in which the analyst uses himself as a special instrument to permit the patient to relive traumatic conflicts in the therapeutic situation. The patient must have confidence in the analyst's ability to see and understand more than he can. Therefore, the analyst must have the capacity for self-observation, which involves the split of the ego into observing and experiencing parts so that he can perceive and interpret communications from the patient and differentiate the patient's behavior from his own. Since the condition of abstinence facilitates the regulation of discharge processes and the regression necessary for the reproduction of infantile conflicts within the analytic situation, the analyst must be able to tolerate need tensions in himself and in the patient. He must control his own regression in order to use himself in empathic understanding of the regressions manifested by the patient in the transference, without loss of his own identity or reality-testing function. After arriving at a diagnostic interpretation, he must be able to interpret to the patient in such a way that it furthers the therapeutic process.

FRANK BERCHENKO

*Psychosomatic Medicine*. XXIII, 1961.

**A Clinical Study of Psychiatric and Psychological Aspects of Mitral Surgery.** Bernard C. Meyer; Richard S. Blacher; and Fred Brown. Pp. 194-218.

A series of twenty-nine patients with mitral stenosis were studied; twenty-four had surgery. As expected, there were many indications of the marked symbolic

and magical meanings of heart disease and surgery on the heart. Some catastrophic postoperative psychological reactions occurred, similar to those seen in acute poliomyelitis cases.

**Some Perceptual Differences in Somatizing and Nonsomatizing Neuropsychiatric Patients.** William H. Ittelson; Bernard Seidenberg; and Samuel B. Kutash. Pp. 219-223.

A psychological test battery has been devised to evaluate perceptual flexibility. Evidence from a series of patients indicates that those who tend to 'somatize'—that is, develop somatic complaints as defense against anxiety—also show greater perceptual rigidity. Patients who do not tend to somatize distort their perceptions to a greater degree, apparently a form of projection at the expense of decreased awareness of internal conflict.

**Predilection to Death.** Avery D. Weisman and Thomas P. Hackett. Pp. 232-256.

Predilection to death during or after surgery is part of medical folklore but no experimental work has substantiated these speculations. This paper describes a few patients who seemed to predict their deaths correctly and who faced death without apparent anxiety, depression, or conflict. The authors concede that data relative to attitudes toward death and dying may be difficult to collect.

Sketches are given of five patients, their ages ranging from fourteen to eighty-six, who faced death with unusual equanimity or evinced a predilection to death which seemed appropriate to the patient. Each appeared to be free of conflict about the expected or predicted death; however, in no case is sufficient data present to elucidate the defensive dynamics which presumably were operative.

The authors differentiate impersonal, interpersonal, and intrapersonal elements in the attitudes toward death. Death as an impersonal event relates to death of an impersonal object, interpersonal attitudes are experienced toward death of a personal object, and intrapersonal death is related to the subjective experience.

Discussion of a number of cases of dying patients enables the authors to make a few suggestions regarding effective psychotherapeutic measures.

**Psychosomatic Medicine and the Behavioral Sciences.** Jurgen Ruesch. Pp. 277-288.

The mind-body and man-environment dichotomies are conceptual devices erected to enhance study of man and nature, but linguistics and communication impede attempts to make effective correlations between experience and organic process. Few causal connections have been demonstrated which convincingly link behavior-experience with physiology and pathology. Behavioral scientists have been able to clarify some methodological problems in psychosomatic research, but detailed studies pinpointing the mechanisms mediating psychological event and pathological change are still needed. Differences in the approach of the clinician and the behavioral scientist are discussed. The author feels that many current concepts in psychosomatic medicine are causal hypotheses which primarily fulfil a need of the clinician for causal explanation.



**Ecological Observations of the Relation of Physical Illness, Mental Illness, and the Social Environment.** Lawrence E. Hinkle. Pp. 289-297.

The relationship between the social environment and illness is complex. Data shows that more than half of all illness is experienced by less than a quarter of the population, a fact not accounted for entirely by genetic factors and exposure. Social and interpersonal environment are responded to largely on an individual basis and much of this response is unconscious and inestimable to subject and observer alike. Though each individual reacts uniquely, certain general assumptions can be made from a study of the social environment. Conversely, one may predict, from the subjective response to the life situation, periods during which clusters of illness are likely to occur in an individual. In a study of sixty-eight Hungarian refugees, clusters of illness were found to occur during periods of unsatisfactory relationship to the social environment.

Illness often appears to be related to the social environment as subjectively experienced. The ecologist views the social environment not as a unique entity, but as part of the world in which man lives. It differs from the 'real' world only in that it is a complex set of factors dependent both on the intrinsic quality and upon the interpretative meaning applied by the individual. The author argues that the study of medicine should include response to environment and that the latter should not be made a different kind of medicine by the device of labeling it 'psychosomatic'.

IVAN C. F. HEISLER

**Children Who Starve Themselves: Anorexia Nervosa.** John R. Blitzer; Nancy Rollins; and Amelia Blackwell. Pp. 369-383.

In fifteen boys and girls, ages seven to fourteen, anorexia nervosa was manifested by denial of emaciation, absence of lack of appetite, and presence of active and conflicting fantasies centered around food and eating. Oral, sexual, and aggressive fantasies were conscious but with isolation of relevant affect. Depression and regression were characteristic findings as was the presence of a family neurosis. Conflict between mothers and grandmothers was prominent during childhood, with food being used as a focal issue. In these patients there were many conflicts which were similar to those of their parents with the preceding generation.

ROBERT D. TOWNE

**Journal of the Hillside Hospital. X, 1961.**

**The Treatment of 'Provocative' Behavior in the Disturbed Adolescent.** Mollie S. Schildkrout and Alice S. Stahl. Pp. 67-81.

Six major patterns of provocative behavior during the psychotherapy of adolescents are discussed: 1. Silence and the voluntary withholding of material; absence from sessions; general withdrawal. 2. Defiant behavior and the devaluation of identification. 3. Voluntary distortions to conceal or entrap; malingering somatic illness. 4. Sibling rivalry problems among patients of the same psychotherapist. 5. Attempting to humiliate the psychotherapist in public; paranoid projection; offering gifts and bribes. 6. Escape from the hospital and suicidal attempts.

JOSEPH AFTERMAN

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Archives of General Psychiatry. IV, 1961.

**Psychoanalysis of Yesterday, Today, and Tomorrow.** Gert Heilbrunn. Pp. 321-330.

Focusing on the entities of schizophrenia, homosexuality, juvenile delinquency, and psychosomatic disorders, the author stresses his view that there is an etiologic continuum from predominantly organic factors to predominantly psychological factors. He feels that often in the past psychological factors have been given unwarranted primary etiologic cause; hence, treatment by analysis or other psychologically-based methods has not been successful. Major modifications in analytic technique should be made to meet the alleged real needs of the patient which vary from patient to patient. Heilbrunn concludes with a plea for drastic revision of analytic training which would abandon the historical approach. He says: 'The essentials of psychoanalytic theory can be expressed in fewer than the one hundred eleven pages which Freud required for *An Outline of Psychoanalysis*'.

**A Child with a Defective Stimulus Barrier.** Kenneth H. Gordon, Jr. Pp. 483-493.

Analytic treatment of a five-year-old atypical boy is described. Among the ego difficulties displayed was a major one of a grossly defective stimulus barrier; the boy was threatened constantly with being flooded by his impulses. The analyst acted as an auxiliary stimulus barrier, which is different from being an external superego. Various aspects of theory and technique are discussed.

KENNETH RUBIN

Psychiatry. XXIV, 1961.

**Mother-Child Role Relations in Schizophrenia. A Comparison of Schizophrenic Patients with Nonschizophrenic Siblings.** Yi-chuang Lu. Pp. 133-142.

From research studies still in progress, the author gives some tentative hypotheses. Although domineering and controlling, the mother seems to have insisted on more control and protection of the schizophrenic child than of the nonschizophrenic sibling; from an early age, the nonschizophrenic child was able to escape complete domination and strive for independence. There is a marked tendency in the schizophrenic to limit his object relations to the parent or parents and thus to assume a submissive and dependent role. This makes it impossible to adapt to adult situations calling for autonomy, decision making, and responsibility. The exclusive interaction with the mother precludes the variety of object relations and identifications that determine flexibility.

**The Existential Moment in Psychotherapy.** Pieter C. Kars. Pp. 153-163.

The author is dismayed by the failure of the existential viewpoint to pervade American psychiatry. In order to demonstrate the similarities and differences between the psychoanalytic and existential approaches, he presents the case of a woman seen four times weekly for six months. The existentialist uses psychoanalytic concepts and interpretations but these are peripheral and preliminary to the core problem of helping the patient accept the inevitability of anxiety



and the need for making decisions. 'In freudian theory, anxiety means that something is wrong. It is a danger signal that defense mechanisms are failing. The mechanical apparatus of the brain is somewhere lacking. The freudian regards anxiety as a sickness that has to be treated until the apparatus of the brain has repaired the breaks in the defense system. The existentialist, in contrast, accepts anxiety as a basic problem of human existence.' In spite of the paper's obvious shortcomings, it is one of the best clinical presentations of 'existential psychiatry' to be published in an American journal.

**Etiological Variables in Autism.** Mary A. Sarvis and Blanche Garcia. Pp. 307-317.

Clinical data, including five case histories, are adduced to support the hypothesis that autism is a syndrome of multiple origins. It occurs when one or any combination of a series of etiological gradients affect the child during a particularly vulnerable period of ego development, namely, six months to three years of age. The first stage of the syndrome is conceptualized as a paranoid rejection of mother by the child based on his reaction to her as persecutor. The second stage is the mother's counter-rejection or withdrawal. In the third stage, there is chronic, severe pathology which is characterized by the consolidation of paranoid attitudes and the appearance of restitutional behavior such as compulsive, magical attempts to reconstitute external reality. Interrupting the process before it becomes irreversible depends primarily on prompt identification of etiologic factors, classified as follows: 1, family psychodynamics specifically promoting autism (the 'tone-deaf' mother who is unable to empathize with the child or the mother whose unconscious needs provoke autistic responses); 2, family psychodynamics enabling autism to occur (such as the mother's prolonged illness); 3, environmental circumstances (such as the father being drafted); 4, assaults on the child (such as the child's serious physical illness, congenital or constitutional sensory impairments, temporal lobe disease, understimulation or overstimulation). These fundamental etiologic factors are often obscured by massive secondary symptom developments and complicated family interactions.

**Psychotherapy and the Patient with a Limited Life Span.** Laurence LeShan and Eda LeShan. Pp. 318-323.

As part of a research study on the relationship between neoplastic personality and disease, twenty-four patients were given intensive psychotherapy after their cancers were diagnosed. Most of the patients, otherwise withdrawn and isolated, were eager to explore their personalities, attempted to make satisfying object relationships, and live relatively full lives. The therapeutic emphasis was on the present rather than future 'dividends'. Although twenty-two of the twenty-four patients died during the course of treatment, the authors felt their work to be worth while. The reluctance of psychotherapists to work with dying patients is attributed to countertransference reactions rather than to objective considerations.

**Some Further Thoughts on the Examination Dream.** Clyde H. Ward. Pp. 324-336.

The literature on the examination dream is reviewed and the analysis of several examination dreams presented to support the thesis that ego participation

in the dream has been neglected; id and superego determinants have been emphasized. The 'higher' adaptational strivings of the ego, including attempts to master transference conflicts, are as characteristic of the examination dream as instinctual gratification and self-punishment. The author recommends more consideration of the manifest content, the current transference situation, and the dreamer's handling of reality problems. In regard to dreaming in general, he conceives of it as a 'continuum for the depth of ego participation in dream thinking'. This would begin with the undistorted problem-solving dream at the most conscious level, then the traumatic neurosis dream, and finally the 'integration-attempting dream which has the ego participating in the actual dream formation and correctively modifying a recurrent trauma in the process'.

H. ROBERT BLANK

*Psychoanalysis and Psychoanalytic Review*. XLVIII, 1961.

**Schizophrenic Communication.** Harold F. Searles. Pp. 3-50.

This paper is virtually a syllabus of schizophrenia. Since Searles describes the various vicissitudes of both verbal and nonverbal communication in schizophrenic patients, his essay contains extensive remarks and observations—liberally illustrated by vivid and illuminating clinical vignettes—dealing with a good segment of the phenomenology of schizophrenia, many of its underlying psychodynamics, and a large number of concepts of its psychotherapy. His focus is predominately on the interpersonal aspects of the patient's difficulties and of the psychotherapeutic relationship. He stresses over and over again the crucial role played by the therapist's feelings and countertransference reactions in the establishment and maintenance of successful communication with the patient in therapy. As Searles himself states, the paper is clinical rather than theoretical, and there is little attempt made to organize systematically and explain the various defects of communication as seen in these patients.

EDWARD M. WEINSHEL

*British Journal of Medical Psychology*. XXXIV, 1961.

**Phases of the Patient-Therapist Interaction in the Psychotherapy of Chronic Schizophrenia.** Harold F. Searles. Pp. 169-194.

A descriptive attempt to depict the vicissitudes of the intensive psychotherapy of chronic schizophrenia, this paper presents an account of the intensity of the experience for both the patient and therapist. Searles divides the course of therapy into four phases: 1, the 'out of contact' phase in which indistinct boundaries between patient and therapist create a chaotic interaction without the landmarks of identity present in neurotics; 2, the phase of 'ambivalent symbiosis', marked by intense transference and countertransference feelings and expressions as the therapist is forced by the patient into the role of 'bad mother'; 3, the stage of 'preambivalent symbiosis' where separation of identities of patient and therapist begins to occur; 4, the phase of 'resolution of symbiosis' when the illusions of omnipotence are gradually given up and separation from the therapist is achieved. During the last phase the therapist is tempted to teach and advise, and



perhaps to underestimate the patient's capacity for maturation. Searles cautions against interference at this stage.

**A Comparative Study of the Mother-Child Relationship in Schizophrenia. I. The Interview. II. Psychological Testing.** Andrew McGhie. Pp. 195-222.

This paper is based on a study of mothers of schizophrenic, neurotic, and normal persons. Serial interviews and psychological tests confirmed that the mothers of schizophrenic patients have specific characteristics not found in the other groups. The mothers of schizophrenics were less able to recognize, interpret, and react to the behavior of their children. In the interviews they manifested chaotic forms of communication while sounding superficially sensible. They expressed a need to restrict the child's sexual curiosity and they could not recall the time or details of toilet training. Results of psychological tests, including a child-rearing questionnaire, a sentence completion test, a word connection test, and a Rorschach, correlated with the interview findings. The mothers of schizophrenics did not adapt well to external reality, as shown by poor reality testing, marked denial, and projection. Disorders of thought were prominent, giving an impression of 'diluted schizophrenia' in these mothers. The author feels this study substantiates the conclusion that early maternal environment is probably more important than genetic and constitutional factors in the etiology of schizophrenia. Further investigations are required of the fathers and of nonschizophrenic siblings.

**The Schizoid Problem, Regression, and the Struggle to Preserve an Ego.** H. Guntrip. Pp. 223-244.

The author proposes that the role of early trauma be re-examined with regard to regressive ego states in schizoid personalities. The wish to return to the womb may represent primitive regressive strivings rather than being an oedipal incestuous derivative. Fantasies of a return to the womb imply abandonment of object relations while breast and incest fantasies do not.

Using the clinical and theoretical concepts of Melanie Klein, Winnicott, Fairbairn, Balint, and his own, Guntrip develops the theme that a regressive shift of part of the infantile ego to fantasies of the security of the womb engenders the ego split characteristic of the schizoid personality. The clinical material emphasizes the turtle-like probing for and withdrawing from object relationships, the see-saw battle between the ego elements for the safety of the womb, and the struggle to escape the 'annihilation' of withdrawal from all objects. Therapeutic difficulties arise when the patient is required to expose the regressed, infantile ego so that interaction can occur. Patient and therapist may have to concede that permanent ego restrictions will remain.

**Can a Blow Cause Cancer?** W. S. Inman. Pp. 271-275.

An interesting, albeit speculative case study attempts to correlate possible unconscious psychological events and determinants with the development of cancer of the breast following a blow to the breast. A forty-six-year-old unmarried nurse developed cancer of the breast within weeks of a blow and underwent radical mastectomy five months after injury. Two years later widespread metas-

tases occurred and a bilateral ovariectomy and adrenalectomy was done. A year later she was well and all metastases had disappeared.

From a few interviews the author reconstructs a remarkably suggestive account of the psychological concomitants of the organic process. It is suggested that some specific psychological factors might exist in the etiology of cancer.

IVAN HEISLER

*Revue Française de Psychanalyse*. XXV, 1961.

**Technical Problems in the Treatment of Obsessional Neurosis.** S. Nacht. Pp. 305-308.

A fundamental precaution in the treatment of obsessional neurosis is to avoid allowing the obsessive patient to displace his ritualistic tendencies onto the treatment. While this may produce phobic reactions, such reactions can represent the first step toward cure, corresponding to a breaking up of the defensive obsessional ritual. The treatment of obsessives must take into consideration their extreme ambivalence whereby love and hate, desire to build and to destroy, libidinal and aggressive drives, are simultaneously experienced. The importance of the correct handling of the transference and of the patient-analyst relationship are emphasized. Even more than with other types of neurotics, it is important to establish an optimum distance from the patient although it is essential for the analyst to maintain an 'attitude of presence'. Nacht believes that the character structure should be analyzed before the symptoms in these patients. This character analysis will succeed or fail according to the way in which the analyst is able to handle his relationship with the patient.

**The Obsessional Structure: Technical Problems.** C. J. Luquet. Pp. 309-318.

The attempt to define a particular technique for the treatment of obsessives is justified by their particular type of resistance, which, in turn, is dependent upon the characteristics of their affective structure. Among others, the author quotes from the studies of Bouvet, who distinguishes three phases in the treatment of these patients. The first involves the analysis of the specific types of transference found in obsessives (homosexual transference in men and aggressive heterosexual transference with the wish to castrate in women). The second part of the treatment consists of analysis of the fantasies of incorporation and of the projections related to them; to be effective, this must lead to a reliving of these fantasies on an affective plane. The third phase involves the reconstruction of the ego and the liquidation of the transference neurosis which leads to the formation of full, adult object relationships.

**The Peculiarity of the Obsessional Pattern: Technical Requirements and Necessities.** René Held. Pp. 319-332.

From the technical point of view among the most important characteristics of obsessive patients are the tendency to erotize their thoughts and words, their extreme ambivalence, their propensity to identify the analytic situation with a religious ritual, and to establish a sadomasochistic type of relationship with the analyst. These characteristics impose the necessity of not adopting—under the pretext of using the classical technical procedure—a ritualized type of technique



which would lead the way to a sadomasochistic relationship and, therefore, to an interminable analysis.

The tendency to isolate emotions and thoughts must be handled by offering the patient, in a discreet and neutral way, the possibility of establishing a type of relationship with the analyst which is not cold and rigid but rather is warm and real. To decrease the initial resistances, the analyst should familiarize the patient with the working of the unconscious on a general, impersonal level, in spite of the danger of intellectualization. Defenses should not be analyzed prematurely. The type of transference usually presented by the obsessive invites countertransference reactions; if these occur, discussion with the patient will go a long way toward establishing a human relationship devoid of stereotyped and unhealthy attitudes.

**The Body and Its Metamorphoses: A Contribution to the Study of Depersonalization.** Sami Mahmoud Ali. Pp. 333-378.

In this report of an incomplete analysis of a woman patient suffering from anxiety hysteria with severe depersonalization phenomena, the author emphasizes the importance of the body image for the understanding of the origin of the depersonalization and for the outcome of the therapeutic process. A primal scene witnessed by the patient seemed at first to afford an explanation for her severe distortions of the body image. However, further investigation revealed that the oedipal situation was merely a screen and a medium for the expression of oral and anal drives to destroy and devour the mother's body. On the basis of the findings in this analysis, depersonalization appears to represent a revival of the undifferentiated state, embodying both the element of the separation trauma and the emergence of the first external objects.

**Some Structural and Psychotherapeutic Aspects of Adolescence.** R. Henny. Pp. 379-404.

After a brief discussion of the difficulties involved in the diagnosis and prognosis of emotional disturbances in adolescents and the intense repression and resistance found during this period, the author presents the case of a seventeen-year-old boy who entered treatment because of fatigability, fear of blushing and perspiring, timidity, and inhibition in his social relationships. The patient's defenses were similar to those found in the latency period; there was a tendency to identify with the therapist and to deny by use of daydreams and fantasies. Henny concludes that in emotionally disturbed adolescents there appears to be a blurring of the sense of reality which may give the impression of psychotic functioning and which requires careful handling.

RENATO J. ALMANSI

*Revista de Psicoanalisis*. XVII, 1961.

**Certain Considerations in the Analysis of a Seventy-four-year-old Man.** Hanna Segal. Pp. 21-40.

During the analysis of a seventy-four-year-old partially literate man, his depression and paranoid delusions cleared. Also, symptoms, such as shaking of the hands, previously considered a physical manifestation, completely disap-

peared. The patient's feelings centered around fear of death which he interpreted as a revenge and a fitting punishment for having abandoned his family in Europe to be exterminated by the Nazis. Conflicts about his relations with a son were acute, especially after the son was graduated from medical school and had a child of his own. Two daughters were treated in the same way as his two sisters, as a repetition in symbolic fashion of a splitting of the mother image, one of them being the good and the other the bad mother. The analysis was successful and the patient was able to return to his business activities without any further complications.

**Why We Deny.** Leon Grinberg. Pp. 118-130.

Denial is shown to be a constant element of all types of mechanisms of defense and not only an isolated defense mechanism. It functions in the hallucinatory gratifications of the newborn baby, in isolation, projection, introjection, identification with the aggressor, reaction-formation, etc. Chiefly, denial plays a role in physiological processes, such as sleep. Sleep is not only a protection against physical and mental fatigue but is also a defense against specific situations, internal or external, which become unpleasurable. One example is wanting to go to sleep 'out of boredom', which involves deeper anxieties connected with hostility. The author sees sleep not as a passive phenomenon but eminently active, depending frequently on conscious factors which permit the withdrawal of interest and libido from the external world and thereby regression to narcissism. Fainting is an extreme form of the same process of denial. Dreams can thus be a vehicle through which denial operates.

Denial also plays a role in psychotic processes, differing in the various clinical syndromes. Consideration must be given to the content and the effects on the ego of the psychotic as distinct from neurotic denial. Normally, by way of denial we can eliminate external stimuli and thereby concentrate on the task at hand. Accordingly, the author postulates a normal and a pathological form of denial. The working of denial is related essentially to how much it is in the service of the death instinct. At the beginning of life, and later in psychotics, denial is linked for the most part to the death instinct. In the infant it may be in the service of libidinal impulses, aiding the weak ego so that it will not be overwhelmed by all types of anxieties. In the higher stages of development, when the ego is much better integrated, denial as a rule depends on libidinal factors.

**Some Aspects of Mourning.** Diego Garcia Renoso. Pp. 139-155.

Four short stories by Edgar Allan Poe are studied. They are divided into two groups: the first involves necrophilia and the cadaver which remains psychically alive, as in *Bernice* and *The Fall of the House of Usher*; the second deals with reincarnation and pedophilia, as illustrated in *Morella* and *Ligeia*.

The author feels that Poe's idea of necrophilia is related to the need to find in the external world the cadaver or mummified object that has been introjected. In the final analysis, it would be a means to find again the dead mother as an object which could be easily controlled and manipulated. In the fantasy of reincarnation, the predominant element is an attempt to rescue the good object by union with a woman who is very much alive and can give a lot. In both cases the result is eminently the same—the presence of the cadaver. What the characters



in the stories are left with is precisely what the stories aim to deny, namely, the dead object. Pedophilia is definitely related to the reincarnation fantasy since the daughter is part of and an extension of the mother.

In the first two stories we find massive identification and also a lack of differentiation between a good and bad object. In the other two stories, love and hate are clearly split, never mix, and the predominant mechanisms are paranoid projection with intense envy. The objects can only be handled by idealization or its opposite, making them persecutors. The stories show the way a person reacts when mother dies. When Poe denies death in his stories, he also denies birth.

GABRIEL DE LA VEGA

### **Revue de Médecine Psychosomatique. III, 1961.**

**Psychosomatic Aspects of the Infant-Mother Relationship.** M. Mayer; A. Morali-Daninos; G. Raimbault; F. Cerf. No. 1, pp. 43-52.

The authors studied three aspects of this problem: the maternal motivation, the mother-infant communication, and the evolution of the mother-infant relationship. Maternal motivation is founded upon a biological factor as well as upon those psychological elements that condition the unconscious attitude of the mother and represent her psychological preparation for motherhood. The communication between mother and infant is maintained by means of two sets of signals, objective signals which include all the visible behavior of the mother, and subjective signals which are connected to an intuitive transmission of the maternal feelings. It is chiefly these preverbal signals which condition the communication between mother and infant. The evolution of the relationship is linked to the idea that the mother forms about the child, an image which is variable and dependent upon many factors. Overprotective or rejecting attitudes are important as the former may lead to aggressivity and the latter to depression. The authors believe that in the course of the first year the most characteristic change in the infant takes place in such general functions as alimentation, sleep, and mood, and that the psychomotor development is unaffected.

**Regarding the Psychological Meanings of Vomiting in Pregnancy.** L. Chertok; M. L. Mondzain; M. Bonnaud. No. 1, pp. 57-67.

A study of thirty-eight women who showed a tendency to vomit during pregnancy revealed that there is a significant statistical correlation between the vomiting and ambivalent attitudes toward pregnancy. The symptom, therefore, appears to indicate a deep conflict of opposing tendencies rather than an expression of rejection. Pregnancy, representing a crisis that deeply involves all psychological structures, is particularly apt to facilitate the emergence of this symptom.

**Examination of the Patient by Himself.** Michael Balint. No. 2, pp. 19-26.

The author emphasizes the importance of psychological mechanisms in the diagnosis of psychosomatic disorders. In a large number of cases a general physician, properly trained through extensive group discussions, is in a better position to enlist the patient's cooperation in understanding himself psychologically than the specialist. Brief clinical examples are presented.

**Presentation of a Case of Mental Anorexia Which Required Hospitalization in a Female Identical Twin.** H. P. Klotz; C. Balier; I. Javal. No. 2, pp. 37-52.

This case of mental anorexia is interesting because the patient, after a few days' separation from her twin due to hospitalization, went into a confused depressive state, in the course of which she longed for her sister. During this episode she started to eat again, and left the hospital greatly improved.

The authors believe that in this patient the anorexia was conditioned by the fact that at the age of four the sister went through a period of anorexia during which she had to be cared for by the mother, and that the patient's illness represented an attempt at identification with her sister in order to gain the mother's attention. The patient reacted to separation from the sister in a way similar to the reaction of an infant separated from the mother. This point was further emphasized by the highly developed system of nonverbal communication that existed between these twins and its similarity to that which exists between mother and infant.

**Twenty Years of Psychosomatic Medicine in North America.** E. Wittkower. No. 2, pp. 61-69.

The author studies the psychosomatic literature which reflects changes in psychosomatic medicine in North America during the last twenty years. During this period contributions by psychiatrists have been steadily increasing while contributions by neurologists and other specialists have been less frequent. Particularly important have been the contributions of psychoanalysts. While welcoming a trend toward experimental laboratory research, Wittkower cautions that it is of limited value in a field with so many variables; he feels that careful clinical observations are no less demonstrable than statistical work based on imprecise experimentation. Because of lack of team work between the different specialties, and hence a multidisciplinary research approach, psychosomatic medicine is in a period of crisis which threatens its existence.

**Psychopharmacology and Psychotherapy in Psychosomatic Medicine.** R. Held. No. 3, pp. 29-35.

The author points out the difficulty in distinguishing between the actual pharmacological effect of a drug and its suggestive effect. The transference atmosphere in which the drug is prescribed is of particular importance in the psychosomatic patient. If the drug is received as a 'good object', its effect will be enhanced by the positive affective charge it conveys; if it is identified with a 'bad object', it may cause paradoxical results.

**Regarding the Placebo Effect.** P. Pichot. No. 3, pp. 37-40.

A study of the effect of placebos on three hundred thirty-four medical students showed that thirty-four per cent reacted—twenty per cent favorably and fourteen per cent unfavorably. It was also found that the sensitivity of the same symptom to placebos varies according to the clinical syndrome; thus, a non-migrainous headache is improved in a higher percentage of cases than a migrainous one. General personality characteristics and individual experiences also affect the reaction, as does the manner of administration and the relationship between the



patient and the physician. If the physician knows that he is using a placebo, in general its effect is negative. Obviously the physician's knowledge is unconsciously conveyed to the patient.

RENATO J. ALMANSI

*Revista Archivos de Neurología y Psiquiatría.* (Havana, Cuba) XI, 1961.

**The Mystical and Fanatic Static Convulsive Crisis in Voodoo (The Saint Came Down).** Enrique C. Henríquez. Pp. 16-23.

The cultural aspects of the voodoo crisis as a universal phenomenon that has been observed in different groups the world over is studied primarily in the voodoo rituals in Cuba. Two predominant elements are an intense emotion of a mystical nature related to fears and magic thinking and autosuggestion, the main determinant in obtaining the crisis. The main content seems to be a bisexual hysterical fantasy. The author states that the crisis need not be a pathological phenomenon. It is primarily an equivalent of a sexual act and therefore might be considered a 'dry orgasm'. (By 'dry' he does not mean lack of wetness but the absence of a partner.) The passivity of the voodoo crisis is obvious and this might explain why it is experienced more often by women than by men. The voodoo ritual requires the presence of a compulsive and repetitive element provided by the beats of the drum.

GABRIEL DE LA VEGA

## NOTES

### MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 30, 1962. AN INQUIRY INTO 'WORKING THROUGH'. Walter A. Stewart, M.D.

Freud's writings indicate that the process, 'working through', is rendered essential by a special type of resistance—'the attraction exerted by the unconscious prototype upon repressed instinctual processes'; i.e., certain patients "cannot make up their minds to detach libidinal cathexes from one object and attach it to another'. A loss of plasticity or mobility of cathexes results in hesitation to enter upon new paths pointed out for instinctual impulses. This 'adhesiveness of the libido', or psychic inertia, which tends to conserve 'early linkages between instincts and impressions and the objects involved in the impressions', is a manifestation of primary process arising from the id, and hence might be termed 'id resistance'. Abrogation of this resistance by working through 'distinguishes analytic treatment from treatment by suggestion'.

Since Freud the term 'working through' has been used in different, and often confused, ways. Fenichel defined it as a repetitive rediscovery: the analyst's giving repeated interpretations in various connections of what has been warded off. Greenacre describes it as the 'repetitive overcoming of resistances to demonstrate the power of instinctual demands, and a working to supposed traumatic memories'. Loewald believes that it includes the task of 'helping to lift unconscious processes to a new level of integration—the level of secondary processes'. These newer conceptions of the term stress the role of the analyst in what is primarily the patient's task: the relinquishing of infantile forms of gratification; moving from the pleasure to the reality principle—in short, surrendering the gains hidden in neurotic illness. Working through is essential to accomplish these aims; reconstructions may aid or even be essential but do not substitute for working through. The process can also be defined in connection with other fundamental concepts: with 'cure' by releasing drive energy from its attraction to unconscious complexes (resulting from current frustrations) so that it can cathect reality; with 'mastery of trauma', which it resembles as it accomplishes repetition with a new outcome; with 'insight' as it acts reciprocally and cyclically with working through, each influencing the other toward a reorganization of forces in the direction of reversing the economic situation present in neurosis.

The difficult task of working through is facilitated when there is sufficient narcissism for self-exploration and wish for improvement, impatience with ego-alien behavior and feeling, and relative availability of the ego functions of object constancy, impulse control, and reality testing. But even then the task of freeing and neutralizing energy may be painful, fearful, and halting. Where the paths of inhibition, anticathexis, or primary process are easier, or where the capacity for constant object relation is more severely impaired, the essential therapeutic alliance is more inconstant and tenuous and the task of working through is more difficult. The readiness or unreadiness for working through is the product of early genetic factors—provision of adequate maternal care and the presence of a dependable primary object, among others. A brief clinical presentation illustrated the consequences of the absence of a dependable primary object.



Comparison between working through and mourning helps to sharpen the outlines of the former. Both involve the surrender of one object for another; in both the shift is painful; in both success results in increased insight and reality testing as well as a heightened sense of well-being. They differ in that in mourning only the object is new; in working through both object and aim must be changed. In the mourning process only previous object cathexes are available; in working through there also may be energies released from defense by the formation of structure.

The process of working through may be hampered by an inadequate theoretical conceptual framework for therapy. Overvaluation of interpretation without adequate patient preparation, for example, can cause difficulty. A further problem is presented by a premature demand for working through. The unconscious basis for the symptoms must first be worked out.

DISCUSSION: Dr. Heinz Hartmann commented on the fact that there have been no clinical studies of the problem of working through. He suggested that the analyst plays an important role in the process by aiding in the facilitation of the transference and by making the unconscious conscious. The effect on the patient has been described as furthering the synthetic function and integration of the ego; not only is there a broadening but there is also a solidification of ego functions and an increase in ego autonomy. The conservative tendency of the ego and the term fixation have had different meanings at different times. A new impulse may follow old unconscious models even though the danger situation has changed. This is based on fixation but is not the result of the repetition compulsion. Uniformity due to structure formation is not a consequence of the repetition compulsion, and Dr. Schur's concept of the domestication of the repetition compulsion is relevant here. When considering working through in relation to normal development, it is useful to keep in mind the point made by Freud in *Inhibitions, Symptoms, and Anxiety*, that the repressed does not remain unchanged in the unconscious but modifications may occur from its representation in the ego. Dr. Hartmann questioned whether working through always produces new structures, or whether more often its consequence is a strengthening of existing structures.

Dr. Edward D. Joseph welcomed Dr. Stewart's emphasis on the prime role of the patient in working through. In addition to advantages of working through mentioned by the author, Dr. Joseph added a true sense of conviction—a genuine feeling representing a condition of structural harmony in which id drives enter the ego with the sanction of the superego. Confirmation that adequate maternal care facilitates working through is found in the strong sense of conviction in intensely oral characters as opposed to the doubts that typically accompany anality. Dr. Joseph agreed that the object of working through is the freeing of energies with a change in the direction of neutralization so that the ego may attain greater autonomy.

Dr. Phyllis Greenacre felt that working through cannot be limited to what goes on with the patient. In the good analytic relationship, the role of the analyst approaches functioning as a specially added part of the patient, and this is mediated through the transference. The definition given for working through—"the transmutation of infantile instinctual wishes toward a sublimated mode"—

is too general. In regard to reconstruction, Dr. Greenacre did not agree that it is of special importance where one or a few traumatic events play a decisive role. Traumatic events are found most often in borderline disturbances and they hinder the process of working through because they give reality justification to the fantasies and serve to encapsulate and further organize them. In fact, traumatic events may actually be precipitated in the service of the pleasure principle-serving fantasies, as part of the child's acting out. To a considerable degree working through is the opposite of acting out, and the repressed fantasies behind the acting out have to be brought back into the analytic situation. Such a resolution is part of the reconstruction and working through and here the analyst must play a part. Dr. Greenacre agreed that the term 'working through' has suffered from distortion.

Dr. Charles Brenner observed that Fenichel's definition of working through was made at the time the overcoming of fixation was conceived of as the therapeutic task. He suggested the definition may have changed as more importance was given to the mastering of anxiety.

Dr. Edward Harkavy felt that it is not only the patient who does the working through. He cited a quotation of Freud's which described the analyst as doing everything in his power to disengage the patient from useless repetition and return him to profitable analytic work.

Dr. Louis Linn cautioned against underestimating the influence of beneficent alterations in the environment, whether fortuitous or the product of the treatment itself.

Dr. David Rubinfine saw as an essential part of working through the patient's gradual acquisition of the capacity to interpret for himself, an action formerly performed only by the analyst.

Dr. Robert Bak emphasized that the analyst must show to the patient the psychic continuity in the working of derivatives from the unconscious. Working through is a continuous process from the beginning of analysis and cannot be isolated from other activities which occur at the same time.

MILTON MALEV

February 27, 1962. IDENTITY AND JOSEPH CONRAD. Edward D. Joseph, M.D.

Based on an examination of Conrad's life, personality, and the principal themes in his work, the author attempts to show that the artist 'has created a world, not indulged in a daydream'. Conrad's writings represent not merely a working out of underlying fantasies, but the creation of a new world giving an 'identity' beyond his own actual experience.

Joseph Conrad was an only child. His father, an improvident revolutionary, was arrested and sent with his family into exile; his mother died when he was about eight. Following the mother's death he became a lonely child who read avidly. He began his sea voyages at the age of sixteen, after his father's death, his great ambition being to sail on an English ship and to learn the English language. At thirty-eight he married an English woman and settled down to a writing career. He was subject to unpredictable rages and was regarded as a man of sensibility, dreamy temperament, and gloomy disposition.

The depressive elements in Conrad's character are related to the early deaths



of his parents and to his identification with them. His life history suggests a searching for a reliable father figure, and his interest in the sea a yearning for maternal care. His writings reveal the theme of guilt and atonement, and represent man's attempt to find his place in an unfriendly and even hostile world. There is a recurring emphasis on a different aspect of identity but his stories aim at a 'harmony between disparate elements of the mind, whether between ego and ego ideal, ego and superego, object relations, etc.'

DISCUSSION: Dr. Irving Harrison suggested that the essential difference between the daydreamer and the artist is that the former follows the pleasure principle and creates two-dimensional figures, while the latter gives the characters identities (with coherence, histories, and conflicts), and also creates a cosmos. Each in turn reveals the artist's identity. Dr. Harrison stated that the power of the world created by Conrad rests on his portrayal of the primal mysterious forces which he believed impelled and ultimately disposed of man.

Dr. Bernard Meyer described Conrad's several careers, his multiple identities, and his need in later years for collaborators. He emphasized the role of the destructive woman in Conrad's writings, as well as the confusion concerning sexual differences. These characteristics suggest that Conrad was driven by the fantasy of a blissful reunion with the mother and that his image of himself was a fragment of her.

Dr. Phyllis Greenacre discussed the distortions, creating a type of family romance, which often appear in the biographies of artists. This may be suggested in Conrad's description of himself as a lonely man aboard ship, writing in secret. Conrad's guilt in connection with his parents' deaths may have interfered with his creativity, limiting him to autobiographical expression. In this respect, Dr. Joseph's thesis that Conrad was driven by unconscious pressure to harmonize disparate elements in his character is apparent.

REBECCA G. SOLOMON

March 13, 1962. THE MEANING OF THE ANALYST AFTER ANALYSIS. Arnold Z. Pfeffer, M.D.

In previous papers Dr. Pfeffer reported a method for evaluating the results of psychoanalysis which yielded two striking and unexpected findings. First, the patient dealt with the follow-up study as though it were analysis and with the follow-up analyst as though he were the treating analyst. Second, the patient manifested a transient intensification of residual symptoms or transient recurrence of the symptoms for which the analysis was first sought. The present paper examines the possible meaning of these phenomena and suggests their practical use in the evaluation of results.

To illustrate these two phenomena, a follow-up study is presented of a woman whose analysis had been highly successful. During follow-up she had a brief recurrence of symptoms and developed sexual fantasies toward the follow-up analyst of the same nature as with her treating analyst, and defended against them in the same way.

Through its similarity to the original analytic situation, the patient readily regresses in the follow-up as he had learned to do during treatment. Follow-up

study, therefore, is a situation which encourages regression and temporary ego enfeeblement, and hence transient recurrence of symptoms. As part of the regressive process, the patient displaces onto the follow-up analyst the figure of the treating analyst. The treating analyst remains a permanent intrapsychic representation intimately connected with both the regressively experienced conflicts and their resolution. Initially the regression is to the treating analyst but it may return to the infantile figures around whom the conflicts originally existed prior to treatment. This results in the reappearance of the symptoms originally connected with those conflicts.

Following regression there is manifested, in vivid form, a repetition of the essence of the analysis—a progression from unresolved conflict to resolution as it occurred in relation to the analyst, but now telescoped into a relatively short period of time. Thus repetition appears not to be eliminated but to contain new content after successful treatment. In new situations requiring mastery, the patient momentarily revives old infantile conflicts, but he achieves new, healthy solutions to them instead of the neurotic solutions occurring prior to treatment. Four general types of repetition are observed in a follow-up study: 1, repetition of an unresolved infantile conflict in narcissistic neuroses where a workable transference had never been established; 2, repetition of a transference residue; 3, repetition of a conflict and its resolution; and 4, repetition of a resolved conflict with a high degree of autonomous ego functioning.

DISCUSSION: Dr. Annie Reich suggested that the transference phenomena persisting after analysis in these cases may be due to unanalyzability or unanalyzed transference. Even in ideal cases a certain amount of unanalyzability is inherent in the situation. From Freud we know that the analysis must take place under conditions of abstinence, but this in pure form is impossible. Certain gratifications from the analyst inherent in the relationship cannot be analyzed. Also not fully analyzable are inevitable reality factors. In the case cited the analyst was young and attractive and probably a sexual object for the patient. Such realities cannot be analyzed and make for a readiness to return to analysis and ease of regression in it.

Dr. Victor Rosen referred to clinical material showing the importance of adolescent and adult trauma as well as infantile trauma in causing points of fixation for subsequent regressive episodes. He suggested that even a successful analysis may inflict fresh trauma and be another way in which adult fixation points are induced. He thought the regressive phenomena in Dr. Pfeffer's follow-up cases might represent traumatic residuals of analysis as well as transference residuals and resolved portions of the transference. Such traumatic residuals may be entirely unavoidable.

Dr. Rudolph Loewenstein emphasized the importance of the study as yielding rich results and promising further ones. He questioned whether the results presented in the series so far were valid for all cases. He doubted Dr. Reich's assertion that all former patients are to some extent addicted to analysis. The opposite can happen at times. In the case of two patients accepted for analysis after the death of their analyst, one developed a transference neurosis in the second analysis without difficulty while the other was unable to do so, this patient remaining faithful to the former analyst. A factor to be considered in



evaluating the results of the study is that the treating analyst invites the patient to enter the follow-up. This creates conflict and may motivate some of the transference manifestations. In evaluating results we must also keep in mind the limitations of our scientific terms, which may not be adequate for our technique. For instance, regression in the service of the ego may apply to patients talking in follow-up study as though they were in analysis, but this is not the same as the behavior of a patient having a regressive reactivation of conflicts. In explaining the recurrence of symptoms we can now add to Freud's concept of an imbalance between the ego and the id. For example, strengthening of one ego function might result in intensification of symptoms through putting more pressure on a weaker area. A third alternative to a weaker ego or stronger id is a situation producing a simultaneous effect on both drive and ego.

Dr. Lawrence Roose asked if there was any factor in common to the group of analysts agreeing to the follow-up? Are the results valid unless cases are selected independent of the attitude of the analyst to the follow-up? What is the reaction of the patient to the study? Possibly patients feel they should demonstrate how well analyzed they are and on this basis engage in a demonstration of regression.

Dr. Walter Stewart asked if there were parallels or correlations between problems encountered in the termination of the analysis and in the follow-up phenomena. He suggested that the mobility of object cathexis would be an important variable.

Dr. Philip Weissman noted in the case presented that ego and superego figures from the oedipal constellation were present in the transference and wondered about the omission of any reference to their transformation into the ego ideal. He thought more knowledge of the patient's current reality situation and detailed information from her analyst would be desirable in the follow-up study.

In reply, Dr. Pfeffer stated that material relating to the ego ideal did not appear in the interviews but is a good subject for future investigation. Some work in progress involves interviewing both patients and analysts. One individual had occasional episodes of unreasonable anxiety which he could resolve through analyzing himself. Another patient may call his analyst during such an episode. A third finds evoking the atmosphere and attitudes of the analysis sufficient to handle such an episode. A person after analysis appears as a crystal with the same lines of cleavage as before but with more force now required to make the pieces fall apart. In the patient presented there was regression in the service of the ego rather than pathological regression. Dr. Pfeffer agreed that clarification of terms would be a great aid to the investigation. Traumas in adolescence and adult life, including analysis, can be transitional points of fixation between infancy and the present. An example that Freud mentioned is the case of Dora, who transferred onto him the current figure of Herr K rather than of her father.

EUGENE NININGER

## MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

January 15, 1962. ON TIME AND TIMELESSNESS. Shelley Orgel, M.D.

This paper presents clinical and theoretical problems concerning the meanings and uses of time by a young woman in analysis. The patient manipulated her perceptions and handling of time as an essential resource in her object relations. Her severe character disorder was primarily characterized by lateness for those appointments with people who represented mother substitutes. Her typical pattern included a period of lack of awareness of time as well as other aspects of self-awareness, followed by a period of hypercathexis of time and feelings of guilt and anxiety about her impending lateness. Analysis disclosed that the period of timelessness represented a fantasy of fusion with cathected parts of the mother imago while the coming appointment threatened to force her to become aware of her true state of separation from the object. The fantasied fusion could be breached only by a sadistic act which could destroy, in fantasy, both herself and the object. For instance, arriving on time at the analyst's office meant that she had lost control of her pregenital impulses directed toward the analyst in the transference. Expecting frustration and then abandonment, as she had received from her mother in childhood, she would experience mounting bodily tension and helpless rage. This anxiety could be warded off if she could repress her impatience before the session by denying that time was passing and by asserting that she had omnipotent control over time, which meant that she was fused with the cathected parts of the psychic images of the analyst (mother)—breast, feces, and phallus. With this fantasy the infantile narcissistic state could be recaptured: complete control over her body and lack of concern about overstimulation or separation. The patient could also eliminate her fear of death, conceived as abandonment of the self after a breakthrough of the stimulus barrier or as permanent separation from the mother's breast. Both overstimulation and abandonment had been experienced as a child. The mother had apparently attempted to establish a symbiotic relationship with the patient by maintaining unpredictable variations in libidinal and aggressive tension. This crucial relationship could be traced through all the phases of psychosexual development, during which the patient had experienced her mother's use of time as a weapon against her: she felt as if she were an adjunct to her mother's ego. In addition, the patient felt that her mother used time to ward off her own persecutory fears of being robbed by the patient of parts of her body or its contents. The mother's use of time and money was felt by the patient to symbolize oral and anal representations of herself (mother). The patient used time in parallel ways to create and maintain the illusion that she possessed what she needed within her body and therefore was independent of the mother and contemporary substitutes for her.

The time symptoms appeared to arise, in part, from primitive identification with, and warding off of, the symbiotic manipulation by this mother who was probably psychotic. The symptoms were also related to a disharmony between the mother's timing of frustration and gratification of the child's needs. Prominent symptoms were related to impaired ego functioning, e.g., serious diffi-



culties in recognizing causal relationships, conception of past and future as real in object relations, self-observation, maintaining a sense of identity. Superego functioning was also impaired.

DISCUSSION: Dr. Nathaniel Ross described a group of patients, 'chronic latecomers', who, because of fear of death, struggle desperately with time. They are seriously ill, difficult to treat, schizoid, profoundly disturbed in their object relations, often hypochondriacal, deficient in the ability to internalize objects, and prone to chronic masturbation. Because the 'terror of separation' and 'consequent annihilation through complete oral deprivation', leading to the time defenses illustrated by Dr. Orgel, are ubiquitous and elementary experiences, why are there not more latecomers such as Dr. Orgel describes? Dr. Ross suggests that the answer will be found in greater knowledge about the 'early vicissitudes of ego development'. The author's emphasis on the etiological role of oral-sadism in his patient's 'time disturbance' is extremely important.

It is difficult to elicit content in the 'timeless states' experienced by chronic 'latecomers'. In such states there may be an alteration of consciousness akin to that accompanying the Isakower phenomenon. This may represent an attempt to dissolve the distinction between the self and the object and so eliminate the need for oral supplies. Dr. Ross emphasized the need for more precise knowledge of the 'various consequences of attempts to return to this preoral period'. Further, he noted that in the disturbances in abstract thinking described by Dr. Sylvan Keiser, the sense of causality is faulty just as in Dr. Orgel's case; in both instances there is evidence of a tendency to regress to the preoral stage.

Dr. Leon L. Altman asserted that a pervasively deficient sense of time indicates early developmental failure in object relations and ego functioning. In the patients he studied who manifested what he called the 'waiting syndrome', the deficient ego reflected in the 'temporal ataxia' could be inevitably traced to an identification or persistent infantile relationship with the mother. One might speak of 'mother time' rather than of 'father time'. In his patients, Dr. Altman found other symptoms indicative of an early 'out-of-phase' mother-child relationship such as anxieties and serious dysfunction in the sphere of pre-autonomous, rhythmic physiological functions. These disturbances were the precursors of a deficient time sense and as such reflected a failure in development of secondary autonomous ego functions, particularly integration, synthesis, and perception. He felt that Dr. Orgel's patient suffered from a deep ego defect bordering on the psychotic. Time disturbances occur during artistic creativity and in the dream. When timelessness is emphasized in a dream, the dreamer has reinstated an archaic preobject relationship with the mother: fusion.

Dr. Alan Eisnitz stated that timelessness does not always represent bliss, and asked, what is the difference between timelessness and endlessness? It is probably the same as that between good and bad sleep, or between being devoured and an oral union with the breast. Dr. Eisnitz also pointed out that rhythm seems to be used to master the demands and trauma of reality, as illustrated by the rhythms in children's play. What is important is whether the rhythm, or time, is controlled by the self or the external world.

Dr. Otto Sperling commented that Dr. Orgel regarded his patient's habit of lateness as a temporary loss of time sense, and as an alteration of consciousness

in the situation in which she wastes time. This is an acceptance of the patient's version that time is her problem, and is symptom analysis. Her real problem was how to deal with her sadistic tendencies. Just as the patient had been 'kept waiting' by her mother so she sadistically kept others waiting, especially her analyst. Dr. Sperling felt that this patient had a good rather than a defective sense of time. He did not think that difficulties in using 'time' necessarily indicate a serious ego defect or a poor prognosis.

Dr. Paul Goolker underlined the fact that the analyst may 'organize' the patient's material from a particular point of view. He wondered if Dr. Orgel's patient stressed her difficulties with time. It is important to distinguish complaints from actual problems which might be crucial. Dr. Goolker felt this analysis to be reminiscent of the older type of symptom analysis.

Because of the possible connections between artistic creativity and the use, as well as the experience, of time, Dr. William Niederland inquired about the patient's artistic interests and achievements. He noted that the patient 'strapped' Dr. Orgel to his chair as she had been 'strapped to the pot'. Because of her fusion with the breast, Dr. Niederland felt that the patient's history probably would show episodes of elation.

In conclusion Dr. Orgel stressed several points. His patient lacked a sense of time even in those activities which were not originally restricted by her mother, although there were times when she showed an excellent sense of time. She was hypochondriacal. When she took up with a superpotent man, she was elated. Although her work involved art, she was not primarily an artist. He did not think she was psychotic. Endlessness he thought of as an endless separation from mother; therefore, endless deprivation and drive tension.

PAUL KAY

February 19, 1962. FETISHISTIC BEHAVIOR: A CONTRIBUTION TO ITS COMPLEX DEVELOPMENT AND SIGNIFICANCE. Robert Dicks, M.D.

Analysis of four people, in whom varying degrees of fetishistic behavior was noted, aided in elucidating certain factors in the development of fetishists. Freud stated that the fetish represented the female phallus, an imaginary organ, but omitted consideration of actual anatomical parts that are embodied in the final mental representation. Dr. Dicks presents clinical material which demonstrates that, in addition to the original significance of the fetish described by Freud, the fetish eventually signifies the parents reduced to their sexual parts or the parents as partial objects—an early stage in object development. For example, a woman presented material showing that a folded pillow, her fetish, represented the fused anovulval area of her mother; the father's sexual parts were also included in the final significance of this patient's fetish. Similar phenomena were found in other patients.

The literature yields little information on objects antecedent to the final fetish. In the author's patients, experiences with early objects were remembered and these antecedent objects were related to the final fetish. They were similar to the transitional objects described by Winnicott or to the childhood fetishes described by Wulff. A continuum was found to exist between transitional objects, childhood fetishes, and final adult fetishes; e.g., the patient who used a pillow as a fetish finally remembered that a doll had been replaced by a



pillow. The doll was used for sexual purposes and, when it was worn out, her mother replaced it with the pillow. While few people actually reach the final, pathological stage characteristic of the true fetishist, the appropriate circumstances must, of course, be present for the full-fledged symptom complex to develop. Like the doll, the pillow was given to the author's patient by her mother, an indication of a parent's role in the choice of the fetish and in the development of the syndrome, a factor heretofore largely minimized or overlooked. Exhibitionism and sexual exploitations of the child by such parents are commonplace. In addition to their deviant sexual behavior they are the instigators of the fetish choice and encourage its use. The fetish serves to circumvent the urgency and power of the drive interplay between parent and child, and thus relieves the parent of tension in relation to the child. Hence, the introduction and use of inanimate objects can, under special circumstances, be harmful and lead to the development of full-fledged fetishism. Maturation of the ego, as well as the superego, is profoundly disturbed by improper use of the fetish introduced into the object relations. The normal parent-child relation which furthers the resolution of the oedipus complex is seriously interfered with in these patients: infantile drive impulses, aggressive as well as sexual, are not appropriately resolved. Important sublimations and fusions fail to take place, the superego is damaged and perverse, and inadequate impulses are accepted into the character formation.

## AUTHOR'S ABSTRACT

DISCUSSION: Dr. I. Charles Kaufman commented that Dr. Dicks' paper made three main points: 1, the adult fetish is preceded developmentally by precursors; 2, the fetish represents more than merely the female phallus; and 3, parents contribute to the fetish formation. His study is thus ontogenetic, especially in the context of early object relations. Dr. Kaufman reviewed the contributions to early object relations of Lorenz, Harlow, Bowlby, Spitz, and Benjamin. The early fetish, or transitional object, is seen as a resolution of separation anxiety and, according to Glover, is excessively libidinalized to counteract the object-directed hostility. This makes possible a continued relationship to the parent, essential to survival free of psychosis. The relation of the fetish to sexual excitement may result from the fact that the fetish replaces the mother as the agency for relief of tension. The developmental sequence described in this paper may be understood in relation to anxiety and ego activities: the adult fetish is an ego solution to castration anxiety; the early fetish is an ego solution to separation anxiety.

Dr. William P. Kapuler noted that Dr. Dicks has provided us with a new concept of fetishism and with new dimensions regarding its position in human development, giving us a partial insight into the meaning of the sexual act for fetishists. With these new images fetishism and fetishistic practices would appear to be more common, especially in women, than we had heretofore suspected. Recent articles on fetishism by Greenacre, Weissman, and Socarides, were discussed, as well as articles dealing with object relations and fetishism by Jacobson, and Ritvo and Solnit. Object love requires genital primacy and in the pervert orgasm is achieved by way of the perverted act. The aim of the sexual act in the pervert is pregenitally oriented; drive discharge is sought with

little or no consideration of the object. The sexual act for the fetishist allows for a satisfying, if only transient, introject with a 'good' object.

Dr. Ludwig Eidelberg stressed the need for an exact definition of fetishism. He related fetishism to perversion, which is usually described as an act by which the individual is able to achieve a genital outlet without having sexual intercourse. Freud's recognition of the fetish serving as a defense against the recognition of the absence of the woman's (mother's) phallus indicates that perversions are not caused by a lack of defense against the instinctual wishes on the part of the ego and are not a breakthrough of the id. Since it is recognized that the fetish represents the phallus, and that penis, breast, and feces are equated, the fetish can also represent breast or feces.

Dr. Melitta Sperling described a six-year-old boy who came for treatment with a fetish of silk stockings. The fetish developed at eighteen months when the mother allowed the infant to stroke her legs while he was being given his bottle. The mother discovered she could absent herself at the time of bottle feeding by leaving silk stockings for the child to stroke. Dr. Sperling believes that the transitional object is an indication of pathological behavior and that the addiction of the child to an object in preference to the presence of his mother is abnormal. Winnicott considers the transitional object as a regular occurrence in healthy development; Dr. Sperling considers it and the childhood fetish pathological and an early indication of a serious disturbance in object relations.

Dr. Max Schur told of a fetishist who was eventually able to have genital relations and marry. His early development showed all the factors described by Dr. Dicks. While this paper focused on libidinal development, Dr. Schur feels that the whole aspect of early development is equally important. For example, if the infant has a poor object relationship in the first few months, he will have less eight-months anxiety. In such an infant, the importance of inanimate objects is greater. The fetish is always present to gratify the patient; it does not have to be satisfied as does a partner in sexual relations. This narcissistic aspect of the fetishist, as well as the need for immediate gratification of wishes, is an important factor in the development and the perpetuation of fetishism.

Dr. Nathaniel Ross felt that the correlation of ego psychology with the phases of instinct development was a rewarding approach to analytic investigation. In fetishism, a regression to an early type of object relations is evident. By contrast, in a healthy object relationship, sexual relations serve to intensify the object relationship and bring the partners closer together.

Dr. Jan Frank noted that therapeutic results with fetishistic patients were disappointing because of an ego split. He described a patient, a heterozygotic twin with a fetish of patent leather shoes and belt. The fetish developed when his twin sister, at three or four years of age was compelled to wear these articles by her governess and mother. The fetish served as a defense against separation anxiety from the twin sister, as well as castration anxiety. Analysis of fetishists is difficult because when these defenses are brought out in the analysis, a schizophrenic type of flooding of the ego may appear.



## MEETING OF THE WESTCHESTER PSYCHOANALYTIC SOCIETY

April 2, 1962. FLUCTUATIONS IN THE DREAM-SLEEP CYCLE IN RELATION TO PSYCHOPATHOLOGICAL STATES. Charles Fisher, M.D.

The author reviews the recent literature on the relationship of rapid eye movements to the electroencephalographic tracings obtained during sleep. There are four types of EEG patterns described during sleep and it was found that dreaming was associated with the first stage of the recurrent cycle of these four patterns. The rapid vertical and horizontal eye movements are found only during stage one of the EEG pattern and thus correspond to what the author calls 'dream time'. A usual night's sleep contains four cycles, each including one period of dream time, and these cycles can be observed with relative regularity. There are other physiological variables associated with dreaming, such as changes in the heart-rate, etc. Although some of the findings are contradictory, it appears from recent studies that dreaming occurs during deep sleep rather than light sleep. A number of studies indicate that secondary process phenomena are more inhibited during the dreaming stage (stage one) than during stages two, three, and four. It has been shown that it is possible to predict correctly the ocular movements to be found on records from the events of the dreams related by the subject when awakened during stage one. There is evidence, then, that the dream has dimension in time and does not occur instantaneously. The total time during which stage one EEG patterns are recorded is referred to as total dream time. This time, expressed in a percentage of total sleep time, is fairly constant under normal conditions.

The experimental work reported in this paper deals with the nature and meaning of the dream-sleep cycle. The author has attempted to reduce the amount of dream time by various methods, such as forced awakening, total sleep deprivation, and by drugs. The influence of psychoses and other mental disturbances on the dream cycle has also been studied.

When dream time was reduced by the method of forced awakening up to sixteen nights in a row in a series of twenty adults, it was found that the subjects made an increasing number of attempts to dream. Fisher then discussed the dream deficit which results in a compensatory increase in dreaming. A control series showed conclusively that it is not the awakening process itself that results in this compensatory phenomenon. In addition to the effects on the dream cycle, the subjects also showed varying degrees of disturbances in several areas of ego functioning during their waking day, as contrasted with the controls. This is explained by the hypothesis that dreaming allows discharge of instinctual drive energy whereas dream deprivation results in a damming up of such energy resulting in disturbed ego functioning. One subject while subjected to dream deprivation could be pushed to the point of visual hallucinations in response to flicker stimuli.

Similar results are reported in studies involving subjects totally deprived of sleep. In the case of a disk jockey who stayed awake for two hundred hours, the dream time rose to 34.6 percent of total sleep time. This man showed psychotic symptoms during the last days of his sleepless period. His hallucinations occurred in the same rhythm as the corresponding nocturnal dream periods. If dream

suppression is achieved by means of drugs the results are also an increase in dream time during the recovery period. This suggests that the hallucinations seen in drugs and toxic psychoses may be mediated through dream deprivation. Observations of patients with psychoses indicate there is a marked increase in total dream time during the acute hallucinatory phase of the psychosis. This was clearly shown in a patient described by the author who was studied before, during, and after an acute psychotic episode.

In the theoretical part of his paper the author suggests that total dream time may represent a roughly quantitative measure of the pressure of instinctual drives toward discharge. The total dream time seems to be determined in any specific instance by the specific balance between drive and defense. In pathological cases there is discharge of drive energy by means of the symptoms. This hypothesis might explain the increased amount of dreaming observed in such cases. In the case of the reported paranoid patient it can be shown that the progressive severity of the hallucinations was associated with a progressive increase in the amount of dreaming.

Fisher attempts an explanation of the effect of the phenothiazine drugs on the manifestation of psychosis. If one accepts Ostow's theory that these drugs decrease the rate of generation of instinctual energy in the id, then they should produce a decrease in the amount of dreaming. This is precisely the effect observed in the patients cited in this study.

The dream-sleep cycle is a phenomenon which can be viewed from the somatic as well as the psychological side—as a built-in physiological mechanism which can be disturbed by the suppression of stage-one sleep as well as a psychological mechanism which reacts to dream deficit. The resulting damming up process is demonstrated in diurnal behavior disturbances.

In closing, the author calls attention to the neurological significance of two levels of sleep. Stage one involves a level of sleep different from stages two, three, and four. There is recent neurophysiological evidence that two different brain centers control these two types of sleep. Stages two, three, and four are under the control of the neocortex and this sleep is known as telencephalic or neosleep. Stage one is under the control of the rhombencephalon and is designated archi-sleep. The evidence supporting this theory is obtained from experimental work on cats and from some observations on brain-damaged human subjects. This would associate dreaming with that part of the brain which is developmentally older.

HENRY F. MARASSE

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OTTO PÖTZL who died recently at the age of eighty-five, was an early proponent of psychoanalysis in his younger years when he was an assistant to the Nobel prize winner, Wagner-Jauregg. In 1917 he published his famous article, *Experimentally Induced Dream Pictures in Their Relation to Indirect Vision*. This article is quoted by Freud in *The Interpretation of Dreams* and became the starting point for the experimental work of Charles Fisher and others. Another article of interest for psychoanalysts was *On the Metapsychology of the 'déjà vu'* (Imago 1926).

From 1928 to 1945 he was Chairman of the Department of Psychiatry at the



University of Vienna where he permitted Dr. Manfred Sakel, a complete stranger to him, to try his insulin shock treatments for the first time on the patients of the University hospital.

Pözl's best work was on different forms of aphasia.

OTTO E. SPERLING

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At the annual meeting of the CHICAGO PSYCHOANALYTIC SOCIETY on March 27, 1962 the following officers were elected: President, Frances Hannett, M.D.; President-elect, Heinz Kohut, M.D.; Secretary, Anne Benjamin, M.D.; Treasurer, James Alexander, M.D.; Representative to the Executive Council of the American Psychoanalytic Association, Samuel D. Lipton, M.D.; Alternate, Charles Kligerman, M.D.

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The First and Second Series of Princeton Conferences, under the auspices of the INSTITUTE FOR ADVANCED PSYCHOANALYTIC STUDIES, were held at the Nassau Inn, Princeton, N. J. from November 30 through December 3, 1961 and July 5 through 8, 1962. The Third Series will be held there in November, 1962.

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The AMERICAN PSYCHOSOMATIC SOCIETY announces the election at its Annual Business Meeting on March 31, 1962, in Rochester, N. Y., of the following officers: President, Julius B. Richmond, M.D.; President-elect, Carl Binger, M.D.; Secretary-Treasurer, Eugene Meyer, M.D. Eugene L. Bliss, M.D., Stanley M. Kaplan, M.D., and Franz Reichsman, M.D. were elected to Council positions. The Twentieth Annual Meeting of the Society will be held April 27 and 28, 1963, at Chalfonte-Haddon Hall, Atlantic City.

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The PRESIDENT'S COMMITTEE ON JUVENILE DELINQUENCY AND YOUTH CRIME awarded a training grant for the conduct of a two-week summer work conference on the education of disturbed and delinquent children which was held at the Hawthorne Cedar Knolls School in Hawthorne, New York, from July 9 through July 20, 1962. The conference was designed for school personnel concerned with initiating or improving educational programs for disturbed children.

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The University of Minnesota, through its Library School and its Center for Continuation Study, announces an INSTITUTE ON INFORMATION RETRIEVAL to be held September 19-22, 1962. The aim of the Institute will be to present a concise picture of the present status of information retrieval, with consideration of current devices and techniques, their relation to traditional library and indexing procedures, and probable lines of future development. Papers to be presented by representatives from industry, government, and the library world will discuss

the theoretical and practical considerations involved in the choice of efficient and effective methods for the organization of personal, library, and technical information center files. Exhibits and demonstrations of nonconventional methods will concentrate on the problems raised by the increasing demands of specialization and interdisciplinary research in scholarly disciplines.

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ERRATUM: On the cover of Volume XXXI, No. 2, the name of Hyman Muslin should have been included as co-author with George H. Pollock as is correctly recorded in the article itself.



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# ON PSYCHOANALYTIC TRAINING

BY SIEGFRIED BERNFELD, PH.D.

## AN INTRODUCTION

Ten years ago, on November 10, 1952, a few months before his death on April 2, 1953, Siegfried Bernfeld gave his last paper before the San Francisco Psychoanalytic Society and Institute. Not surprisingly, this contribution of a teacher of psychoanalysis for some thirty years concerned itself with the issue of psychoanalytic training. He had inspired generations of young analysts, who trained with him or knew him through his writings, by his search for truth, even when painful, his personal honesty and scientific integrity, and by his deep commitment to psychoanalysis. He spoke unsparingly of himself or others, forthrightly and with passion. This last essay will testify to these qualities. And, still, it is with hesitancy that I have prepared his manuscript for publication.

Had Bernfeld himself prepared the paper for publication, he would most likely have cut out the autobiographical remarks. And it would have had a totally different character, representing his ideas in his usual objective form. As the paper stands now, it is a document of Bernfeld's troubled reactions to the problems of psychoanalytic training.

Bernfeld's address as usual was given extempore, but we had his first draft with a few of his own assembled corrections. I also had available an almost identical manuscript, assembled by Bernice Engle and Peter Paret from notes taken by some members of the audience as well as by a stenographer.

I have made but few changes, such as exchanging a word here or there in order to make sure that the meaning intended would come across. I have omitted a few repetitions. I have left certain anecdotes and expressions in the text which he might have eliminated from a printed version, but which seemed to retain the flavor of his personal style and his powerful capacity to communicate to an audience his ideas as well as his feelings through the spoken word.

As the reader will see, more than historical interest and sentiment warrant the publication of this speech that contains thoughts

and observations which Bernfeld had not had the time to prepare with his usual care.

Even today, ten years later, we face essentially the same problems which concerned Bernfeld at that time. And are they different from those described in his early book, published in 1925, *Sisyphus* or the Boundaries of Education?<sup>1</sup> They are the problems felt most strongly by one whose primary identification was with the process of teaching rather than with the organization of training. Some two years before this address—on January 10, 1950—after a thorough discussion in Orinda among the members of the Education Committee of the San Francisco Psychoanalytic Institute, he had directed a communication to the members of the Education Committee in which he prepared fourteen points concerning The 'Free' Institute. This 'free' institute, a proposal of an ideal training setup, was his attempt to counteract the dangers of institutionalization and, like all Utopias, it was a return to those early days of the pioneers of which he spoke in his last lecture to the society.

In 'point fourteen' of this communication, he says: 'At the present time most psychoanalysts wish to keep the training integrated within organized psychoanalysis. Some of their motives and arguments are in my opinion well worth consideration. Therefore it is probably the wiser course to take the program of a "free" institute only as a sort of "regulative" and to introduce only some of its features into the existing setup in order to see how much improvement in the working of our institute would result.'

Some psychoanalysts believed that his paper on training was the result of his conviction that discussions within education committees had become fruitless. He had therefore resigned from the training committee to give his last statement directly to the society as one student to the others. He took this step to oppose the prevailing trend in psychoanalytic training across the country.

I prefer to think of his criticism and of his expressed scepticism in a different way. I do not really believe he was ever actually identified with the kind of psychoanalytic education characterized through his autobiographical comment concerning his experience with Freud. After all, he did decide after these first experiences as a young analyst to arrange for his personal analysis as well as fur-

<sup>1</sup> Bernfeld, Siegfried: *Sisyphus oder Die Grenzen der Erziehung*. Leipzig, Vienna: Internationaler Psychoanalytischer Verlag, 1925.



ther training, even though he did this against a social and historical background completely different from the one we face today, particularly on the American scene.

He opposes the school setting of organized training in the same spirit and philosophy that he opposed, in his early experiments and contributions on education, the authoritarian school setting. He proposes instead a progressive and student-centered educational process rather than a teacher-centered training system. His gift as a teacher, his understanding of adolescents, of children, and of students of analysis stemmed from a basic identification with them rather than with adult authority or the institutional setting.

The ten years since that lecture have seen much discussion about training, and many analysts have been immersed in a careful reconsideration of many related issues, including those he mentioned. To mention a few contributions: the studies on supervision summarized recently by DeBell,<sup>2</sup> Lewin and Ross's survey of all aspects of training in their *Psychoanalytic Education in the United States*,<sup>3</sup> studies on selection by Holt and Luborsky,<sup>4</sup> the teaching of technique discussed by Ekstein and by Ekstein and Wallerstein,<sup>5</sup> who suggest that supervisory techniques be viewed not in terms of 'teacher-centered' or 'student-centered' but rather in terms of 'process-centered' techniques.

But, by and large, all the issues mentioned and others continue to plague us and still need the kind of honest and searching evaluation Bernfeld requires of us.

His 'free' institute, reminiscent of the days of the early pioneers who worked together in very small groups, is essentially a plea to maintain the spirit of psychoanalytic education. He fears that administrative considerations, struggles about minimum requirements, admissions policies, etc., will become stronger than the original

<sup>2</sup> DeBell, Daryl: *A Critical Digest of the Literature on Psychoanalytic Supervision*. Unpublished.

<sup>3</sup> Lewin, Bertram D. and Ross, Helen: *Psychoanalytic Education in the United States*. New York: W. W. Norton & Co., Inc., 1960.

<sup>4</sup> Holt, Robert and Luborsky, Lester: *Personality Patterns of Psychiatrists: A Study of Methods for Selecting Residents*. New York: Basic Books, Inc., 1958.

<sup>5</sup> Ekstein, Rudolf: *A Historical Survey of the Teaching of Psychoanalytic Technique*. J. Amer. Ps. Assn., VIII, 1960, pp. 500-516; and Ekstein, Rudolf and Wallerstein, Robert S.: *The Teaching and Learning of Psychotherapy*. New York: Basic Books, Inc., 1958.

purpose—to maintain classical psychoanalysis as a creative, a growing science. In pessimistic moments, we all fear that there is such a thing as 'Parkinson's Law', a seemingly unavoidable must for an ever-increasing number of committees and subcommittees, producing an administrative setup which drowns out the original purposes. Administration then, according to that law, rather than being an advancing of training and education and of research activity, becomes more and more an end in itself. But I take his last forceful address before the San Francisco Psychoanalytic Society to mean that he was not truly pessimistic and did not accept this type of process of institutionalization as a universal law, and that he saw it rather as a transitory growth crisis which can be resolved if teachers and administrators complement their functions and agree on basic purposes.

I believe that most of his colleagues in San Francisco and his students understood him that way. The invitation to the first memorial lecture for Bernfeld, offered in 1954 by Ernst Kris, speaks of Bernfeld as one 'of that second generation of psychoanalysts, trained in the tradition of Sigmund Freud, who, uprooted from their European homes, came to enrich the intellectual life of this country through their teaching, writing, and research. Dr. Bernfeld's scientific contributions to education, child psychology, psychoanalytic theory, and to the biography and milieu of Sigmund Freud are internationally known. . . . For the last decade, his colleagues in the San Francisco Psychoanalytic Society and psychoanalysts and students trained in the San Francisco Psychoanalytic Institute have known and been inspired by the example of intellectual honesty and integrity he has set, and by his devotion to the science and art of psychoanalysis.'

RUDOLF EKSTEIN, PH.D.

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Tonight I invite you to give thought to the question: How should one teach psychoanalysis? Obviously, this invitation implies that I am not satisfied with the manner in which analysis is presently taught in institutes the world over; in fact, I am very sceptical of our psychoanalytic training program and procedures.

I have participated in the work of several institutes: those of Vienna, of Berlin, and of San Francisco. I have passed sufficient time in London and in Paris, and I have occasionally been intimate enough with the Budapest and Los Angeles groups to permit me to form a clear picture of the training work undertaken by these institutes. With none of these was I ever closely identified, but for thirty years now I have spent a good part of my working life in lecturing to the candidates and in analyzing them. This position, somewhat on the periphery of the institutes, has perhaps given me a clearer view of their structure and function than I could have gained had I participated in program and policy making in administration; that is, I was a teacher of psychoanalysis long before any institutes existed. Later I observed, and—for a short time—took part in, the discussions and struggles that led to the formal organization of analytic training. Some of the analysts who have built up our training system with so much care and energy may object to certain of the criticisms to follow. By stressing my status as a veteran, I hope to make it easier for them to dismiss my observations with a shrug: 'These arguments were valid in the 'twenties; they are terribly old-fashioned now'. But I also elaborate these autobiographical facts to impress you duly with my age and experience: I may need your 'transference' tonight. I shall have to say some unpleasant things, and a few that perhaps have never been said before, at least not from the lecture platform of a psychoanalytic society.

Our institutes have grown impressively in numbers and size, and in complexity of administration. But the substance of their programs has not developed or changed much in the thirty years of their existence. It has not changed since their begin-

ning, when the triad of personal analysis, supervised analysis, and seminars was instituted. The expectations concerning the results of the institute's training system have remained unchanged, as have the methods of conducting supervision and seminars. While psychoanalysis has revolutionized education and the student-teacher relationship, the institutes are carrying on with a teaching system that is prepsychoanalytic, fully teacher-centered, and dominated by questions of administration and policy. The idea of a student-centered system is quite alien to our institutes; and, what is even worse, matters of local policies and administration are mainly decided by a national committee, according to the interest of the national professional association, whereas according to psychoanalytic theory and practice it is obvious that nothing should count so heavily as the concrete local human relationships.

The citing of these facts should not be taken as a reproach. Our training programs are run by very busy analysts—most of them physicians—in their spare time; frequently therefore they do not permit experimentation and we fall back on teaching methods of the past. The teacher-centered, prepsychoanalytic school comes easily to mind, while a psychoanalytic, student-centered school, demands reasoning and experimentation, and it meets resistances and must be conceived and conducted against natural and archaic teaching instincts.

Nor would I say that our institutes are of no value. They do fulfil their purpose: they turn out I think a remarkable percentage of competent analysts; but they do so while producing what is called in electronics, 'noise'—such loud noise that the psychoanalytic message does not come through to the students clearly and steadily. My thesis is this: the training that is conducted in our professional schools distorts some of the most valuable features of psychoanalysis and hinders its development as a science and as a tool by means of which to change behavior.

My statements that the institutes carry out their training obligations but, on the other hand, that they are detrimental



to psychoanalysis may seem contradictory; yet the paradox simply expresses one of the most important insights of the psychoanalytic theory of education. Unfortunately, too many analysts seem hardly aware of the theory's basic content. Permit me, therefore, to explain the relevant points as briefly as possible.

How are children best taught to read? Many methods of instruction were used in the history of education; the old-fashioned system, for instance, that some of us may remember, in which the teacher was the unquestionable intellectual and disciplinary authority—a being of another, higher, world. The children had to sit stiffly and silently, their eyes fixed on the teacher's mouth, reciting in sing-song, together or singly, some important bit of knowledge. They were scolded, humiliated, and beaten by this godly majesty (the teacher) whenever they showed signs of disobedience or—what was considered the same—of ignorance. This was the teacher-centered, brutally authoritarian school. Then there existed and still exists a more lenient authoritarian system, in which corporal punishment is abolished and the children are permitted some means of comfort and relaxation, but the controlling position of the teacher has hardly changed. This type we all know. There also exist a few, but very relevant, progressive, student-centered schools, where the teacher stays in the background, guiding the children's creative and learning activities, with the barest minimum of interference, and where there are almost no disciplinary tasks or rules.

If you consider the subject of reading in these different systems, you will find that however they are taught, all normal children will learn to read, most of them within a year, some within a matter of weeks, and a few in two years. It is strange but a fact nevertheless that normal children learn to read, whatever method one's fancy chooses to teach them by.

There is however a great difference in *how*, as adults, they will use this acquired skill. Not many who were subjected to the authoritarian system ever read willingly and to very few

of these will books ever become teachers and friends. Most are forever excluded from the world of literature. To the majority of those who learned reading under more progressive systems, this world remains open. There is, however, a more important difference. It is obvious that the various systems influence thought and the personality of the child in different ways. In all schools children learn to read. But in some of them the exercise of power and of violence is likely to become a part of their ego ideal.

The decisive factors to observe in educational theory are therefore the conditions under which reading—or any other skill—is acquired. The side effects that spring from them are of the most far-reaching educational influence. You are made painfully aware of their power when you attempt to change an existing school system. Try to argue with a partisan of the authoritarian way of teaching; try to convince him that there are means other than beating by which to teach children; try to show him that under a more individualistic system children not only learn to read but also learn to love reading; and you will soon find that he values discipline more highly than the love of intellectual achievement.

These, certainly, are truisms not worth mentioning here were it not that our analysts seem to maintain at one and the same time two contradictory attitudes on the matter as soon as it affects their own specialty: one, a hope that analysis will be taught and learned perfectly—which is unrealistic; the other, a bureaucratic view, that analysis is a subject to be taken as one takes, for instance, courses in anatomy—which, of course, is unpsychoanalytic. It appears to be quite forgotten that for the analyst, psychoanalysis is a method—still a weak and an imperfect one—for repairing some of the damage incurred in the accidents and incidents of growing up. For the analysand it may be one more tool for self-improvement; the measure of his achievement depends on his strengthened will in the use of this method during and after his personal analysis.

Unlike children learning to read, our students are adults;



therefore little danger exists that training analysts will spoil their characters. At the same time, psychoanalysis is a more complicated subject than the alphabet. At this point the general character of our psychoanalytic schools should be briefly described. Like most professional schools, they are founded on a kind of contract between student and school. If the student submits to the requirements, he will receive a diploma or its equivalent in money and prestige. Under such a system there seems hardly any need, perhaps no place, for progressive theories of education. In no way does the training need to be student-centered. Most students will gladly accept what they are given, as long as the money and prestige, supplied in due time by the diploma, appear worthy of their efforts.

Such schools however are entirely dependent on one condition: the existence of relatively simple and objective means for testing whether the requirements have been satisfactorily fulfilled. If such objective tests—be they mere attendance records, or examinations—do not exist (and psychoanalysis, unlike, for instance, reading or anatomy, does not much lend itself to them), then admission, promotion, and graduation will be largely influenced by irrational factors. The teachers then grow into excessively important personages and most of the students are strongly tempted to ingratiate themselves with their analysts and to convince everyone in authority of their powers of compliance. Finally, if the psychoanalytic courses are numerous and lengthy, the school—although a school for adults—is likely to develop in its students, at least temporarily, what we call infantile and puerile features. What happens to psychoanalysis if it is taught in such a school? I will restrict my answer to but one, though perhaps the most important, facet of its program: the personal analysis.

The idea of personal analysis is not much younger than psychoanalysis itself. Freud was early impressed by the difficulty of communicating his findings; obviously they could not be demonstrated to others like other work of a clinical nature. There was only one way in which Freud's propositions could

be tested, namely by an analysis of the tester—either by his self-analysis or by a personal analysis. From the late nineties on, students in Freud's classes occasionally submitted their dreams to him. Sometimes a physician or a psychologist asked his help in the treatment of neurotic symptoms. These early analyses were truly didactic. Freud was eager to show neurotic mechanisms and the repressions of childhood traumata; he wanted to demonstrate their workings and his methods of exploration. I have read letters he wrote in the twenties in which he discussed prospective didactic analyses with several aspirants. Even then he was ready to give an introduction to psychoanalysis by means of self-observation, so to speak. He considered periods of a few months as sufficient for this, or rather as better than nothing.

Around 1905, Freud began conducting analyses with psychoanalysts of much longer duration and far higher therapeutic aims. He adjusted the duration of the analysis and the amount of straight teaching included in it according to the wishes and the circumstances of the student-patient and according to the nature of the neurotic complaints. Whenever he deemed it advisable, he included didactic material in the personal analysis. With many of his students he discussed psychoanalytic theory, their own patients, the politics of the young group, and the papers they intended to write. In general, he tended to let the analysis grow into a relationship between two colleagues, one of whom happened to know a little more than the other. From the first to the very end, Freud kept his didactic cases absolutely free from interference by rules, administrative directives, or political considerations. His teaching was completely student-centered (to use my pedagogical terminology) or more simply he acted as a psychoanalyst should. He continued this long after the establishment of institutes, to the dismay and embarrassment of 'the authorities', as he sometimes, and a little ironically, referred to them.

For example, in 1922 I discussed with Freud my intention of establishing myself in Vienna as a practicing analyst. I had



been told that our Berlin group encouraged psychoanalysts, especially beginners, to have a didactic analysis before starting their practice, and I asked Freud whether he thought this preparation desirable for me. His answer was: 'Nonsense. Go right ahead. You certainly will have difficulties. When you get into trouble, we will see what we can do about it.' Only a week later, he sent me my first didactic case, an English professor who wished to study psychoanalysis and planned to stay in Vienna about one month. Alarmed by the task and the conditions, I went back to Freud; but he only said: 'You know more than he does. Show him as much as you can.'

This, I still believe, would be the ideal training atmosphere, though I quite understand the strong motives and good reasons that led to the formalization of training. Yet I have never been fully convinced that the weaknesses of a school-like organization are outweighed by its advantages.

In the history of didactic psychoanalysis, two periods are fairly well marked. The first reaches from the inception of analysis to the winter of 1923-1924. During this period Freud conducted the above-described personal analyses of analysts and of individuals who were professionally interested in analysis. But not only Freud, Abraham, Ferenczi, Federn, in fact everyone who knew more than a newcomer and felt inclined and competent, did the same, each in his own way.

I myself had heard of Freud and of his *Die Traumdeutung* for the first time in 1907; occasionally I read one of his books or papers, until finally in 1910 I became really interested in the new science. Then, of course, I began to analyze my dreams and some of my fantasies and actions and to read whatever was available by or against psychoanalysts. So did a few of my fellow psychology students, and when the occasion presented itself I analyzed their dreams and applied psychoanalysis in my scientific and pedagogic work. Before I joined the Vienna Society in 1913, I analyzed, in about fifty sessions, an acute symptom of a fellow student.

It is, by the way, unthinkable to me that anyone could be-

come interested in psychoanalysis as a science or therapy without desiring to test on himself what he had read and to increase his understanding of himself, to regain contact with his forgotten childhood, and to obtain relief from some of his neurotic difficulties. Most likely he will soon find that self-analysis can neither satisfy his curiosity nor really help him in his troubles. He will then turn for personal analysis to some one who seems to know more and seems to deserve his trust.

At the end of this first period, an important step was taken by the Berlin group. Many of its members felt the need for a personal analysis but hesitated to reveal their secrets to a local psychoanalyst. Also, the newly founded psychoanalytic clinic attracted a few physicians who wished to work there, and at the same time learn psychoanalysis. Consequently, Hanns Sachs was invited to move from Vienna to Berlin and to specialize in the analysis of psychoanalysts, established ones as well as beginners. He thus became the first training analyst. Sachs, as you know, was not a physician and had at that time very little therapeutic experience. He soon found it too difficult to analyze and simultaneously to supervise the therapeutic work of his analysands, in addition to discussing theory and technique with them. He therefore, and very wisely so, purged the personal analysis of all didactic material and referred such problems to the classes and seminars that he and others were conducting in the clinic. This procedure was and still is followed by all training analysts.

Late in 1923 or early in 1924 the training committee of the Berlin Society decided to streamline its activities. It prepared to offer a complete teaching course to those psychiatrists who accepted, among others, the following terms: the committee to admit or reject the candidate irrevocably according to the impression gained in three preliminary interviews with him; the candidate to undergo first a personal analysis of at least six months duration; the training analyst to be designated by the committee; the committee—on the advice of the training analyst—to decide when the analysis was sufficiently advanced



for the candidate to participate in further stages of training; and further, to decide when his personal analysis could be considered completed. The candidate was to promise, in writing, that he would not call himself a psychoanalyst before his formal admission to the society.

This selection from the requirements for admission that were announced in Berlin almost thirty years ago ought to bear out sufficiently my earlier statement that our training program has not changed much since it was first instituted. At that time, however, this statement of policy was something unheard of in the psychoanalytic world. Some analysts hailed it as a solution of the basic problem. Others were sceptical. Others again, including myself, felt certain that the decision taken in Berlin, far from solving the problems we had to meet rather was to complicate our tasks.

In retrospect, from an experience gained in thirty years, we can better understand the factors that brought about the new policy of the Berlin group. Most of the older analysts had been amazed and even terrified when it became apparent after the war that, so to say, underground analysis had grown to full stature. By 1920 Freud unexpectedly found himself and psychoanalysis world famous. To us younger people this seemed of course neither amazing nor terrifying. For several years we had foreseen the change, and now the expected cultural revolution was breaking loose around us in Germany and in Austria. Psychologists, educators, social workers, the whole youth movement, the education departments of the socialist parties and of the new democratic governments all began to adjust their actions, ideas, and even institutions along psychoanalytic lines, though generally according to the more shallow Adlerian theories. Most of our older members neither knew much about these fundamental social changes nor did they care to know. But finally, when one could hardly open a newspaper or go to a nightclub or show without hearing some reference to psychoanalysis or a crack against it, they became alarmed and developed strong xenophobic attitudes in their desire to perpetu-

ate that isolation to which they had grown accustomed and to erect dams against this flood of general interest.

Except for a very few socialist doctors, the medical profession in Germany was solidly against the new era. Psychoanalysis was looked down on as definitely not respectable, although even among physicians interest in analysis was already on the increase, especially among younger psychiatrists who were beginning to turn to psychotherapy. But, strange to say, the psychoanalysts themselves desired respectability. They wished to set themselves up as part of the medical profession, and in order to achieve this aim they felt they had to have clinics, professional schools, and professional societies.

The psychoanalytic societies had until then been rather obscure. They were small scientific clubs, made up of a few outcasts and escapees from the medical profession and of some of the nonmedical *avant-garde*. They were devoted to the development and application of Freud's inventions and theories, and their contribution—as now became apparent—had acted as an important ferment or catalyst. The day arrived when the psychoanalytic societies were forced to adjust themselves to the new reality which they themselves had germinated.

The question now was how to adjust. In Vienna, close to Freud, we preferred the idea of offering the new movement opportunities for serious study of psychoanalysis and for the application of analysis to all the fields of therapy and education. In Berlin, the tendency was rather to isolate the psychoanalytic societies clearly from the general analytic movement, and gradually to establish psychoanalysis as a specialty within the medical profession. As a compromise, the clinics in Vienna and Berlin decided to include in their training program some provisions for the training of nonphysicians. But with greater and greater intensity their purpose came to be the issuing of diplomas in psychoanalysis. In the long run, the Berlin tendency won out.

Most important, however, for the development of those features of our training that I am discussing tonight was Freud's illness. As you may remember, in the summer of 1923, Freud's



cancer was discovered, and everyone, including himself and his doctors, expected him to die within a few months. By the summer of the following year it was fairly well established that the cancer was under control, and that Freud could hope to live many years longer.

I need not explain in detail what Freud's 'death and resurrection' within this one year meant to the older psychoanalysts in Vienna and Berlin—to those who for a decade or more had fought alongside him, who had shared his triumphs and failures, to whom he was the incomparable leader, but to whose unconscious he was father and God, ambivalently hated and loved.

There were, as you would expect, outbursts of the id forces and reaction-formations against them. The case of Rank may quite suitably illustrate the outburst of the id. For Rank, Freud's impending death had been the signal to go his own way. Since he was impatient and had started his departure somewhat too early, he found himself on Freud's recovery with his bridges burned and could only advance into nowhere. Some of the others grew intensely anxious because of the threatened loss, and became very eager to establish a solid dam against heterodoxy, as they now felt themselves responsible for the future of psychoanalysis. They determined to limit by rigid selection among the newcomers, and by the institution of a coercive, long drawn-out trial period of authoritarian training, any final admission to their societies. In fact, they punished their students for their own ambivalence. At the same time, they consolidated the one trend that Freud always had wanted to avoid: the shrinkage of psychoanalysis into an annex of psychiatry.

These irrational motives of xenophobia and guilt feelings introduced melancholy traits into our training. It so happened that these were quite in keeping with the Prussian spirit that rather flourished among the founders of the Berlin Institute.

I have spoken of some of the unconscious motives that caused our training to be streamlined in order to explain historically

how the present system came into being. I am sure that you will not substitute this analysis of the motives for an evaluation of the results. You must keep in mind that once the institutes had been founded, a new set of motives kept them going, and most likely they were quite different from the ones that had brought the institutes into being.

Whatever the original motives were, tonight our question must be: How well does the institution stand up after thirty years of experience? How does the student benefit from the training analysis? What exactly is its preparatory function? We do not know. In thirty years we have not learned much about these matters. Who has inquired into these issues? Some training analysts have given us their personal opinions. But are these sufficient to justify rationally the status of the personal analysis as obligatory preparation for the first phase of training?

In psychoanalysis, as elsewhere, institutionalization does not encourage thinking. For the young psychiatrist who wishes to become an analyst, as well as for his teachers in the institute, a training analysis is simply part of the professional reality to which all must conform. Most students find it beneficial, some very much so, and that is enough to encourage psychoanalysts to have a personal analysis. But in my opinion it is not enough to satisfy the scientific curiosity that is a basic ingredient of freudian psychoanalysis. Allow me to consider the question somewhat more closely.

In the first place, the training analysis has no equivalent in other teaching institutions. We are proud of this peculiarity. In fact, however, we tend to consider the personal analysis as one more of the many required courses. At least we allow the students and the public to conceive of it as something equivalent to a course in, let us say, anatomy. As medical schools require anatomy classes in the preparatory curriculum, so do we require a training analysis as the basic preliminary part of our training. We wish to assure high professional standards and give protection to the public, exactly as do the medical schools. This argument, one of the strongest in favor of organized training, is not altogether faulty, but it is unrealistic.



In an anatomy class, the student acquires a certain knowledge or skill that, with relatively few modifications, will remain the same throughout his life. What the physician knows about this subject a year or two after his examinations is probably just what he will know for the entire span of his practice. It is quite different with analysis. A training analysis gives little knowledge and no skill. It might be compared to the tuning-up of an engine—a process that may or may not be sufficient for life. If you consult a reputable M.D. you can be sure that he has had a thorough and permanently usable grounding in anatomy. When you make an appointment with a member in good standing in the Psychoanalytic Association you know as little of what you may expect from him as you would if you bought a used automobile without making certain when it was last overhauled.

But must not every psychoanalyst be analyzed? I think every psychotherapist ought to have a personal analysis, and that he ought to repeat the performance whenever he feels the need. As I have mentioned earlier, I can hardly imagine a psychotherapist who would not desire a personal analysis, who would not do all in his power to get one for himself. A moderately skilful psychoanalyst may become a good one after his personal analysis, and a good one may turn into a master. Or, the analysis may have no influence on his work. Still it may have helped him personally, and thus increased his competence. Or it may not. Some people achieve great intellectual improvement through self-analysis; others grow quiet and more resigned. And some—and this perhaps should be stressed—go through their analysis untouched and unchanged. Analysis is desirable—yes, I go further, even necessary; but I doubt that the essential benefits materialize when the personal analysis is 'taken' in the same spirit as one takes an anatomy course or final examination.

The reason for my doubt is plain. We are all in agreement that the nature and strength of the motive which brings the patient into analysis is one of the most important factors in his therapy. We also agree, I think, that psychoanalysis is not indi-

cated when the patient lacks a strong and genuine motive for treatment. Compliance with the demands of authority—of whatever nature—is quite generally considered a poor motive for analysis. Patients who wish to be psychoanalyzed in order to gain equality with their friends or to win prestige are indeed very poor prognostic bets.

On what possible grounds do we waive these counterindications in the case of our training candidates? To continue, I believe it is especially unfortunate that we schedule the required self-analysis with such heavy rigidity. In the natural course of an analyst's career occur two phases when the intellectual motives for personal analysis may be very strong. When he first grows seriously interested in psychoanalysis, psychotherapy, and psychology, and considers these fields as his possible vocation, he will ask: 'How true and how important are psychotherapy and psychoanalysis? How neurotic am I, myself? Can I be helped?' These and similar questions should bring him to personal analysis just about when he has decided on his profession, and at this time his motives will be sufficiently strong and clear-cut to carry him through a personal analysis of some length and depth. According to our training regulations, however, a candidate must be a physician and a specialist in psychiatry before he is permitted to start his didactic analysis. This is of course much too late to satisfy the legitimate doubts, curiosity, and insecurity relative to his career as psychoanalyst.

The second natural phase occurs after the psychoanalyst has had years of experience and discovers that he is not as competent, as secure, and as happy in his work as he had hoped to be. For the satisfaction of this need our rules insist on an analysis at far too early a day. That is, we force the young psychiatrist to take his didactic analysis long after he has decided on his career but long before he can have had much experience. Our rules force him into didactic analysis at exactly the stage when, after years and years as a student, he reaches independence. Now he must face the prospect of many additional years as a candidate and as a student under rigid supervision. One wonders just how abstract psychoanalysts can become.



Permit me now to discuss for a few minutes a matter which strictly speaking is not a problem of training, but is rather closely connected with it: the selection of candidates. Obviously if we have more applicants than positions, we must at the outset decide whether to make selections on the basis of mechanical criteria—alphabet, seniority, influence, and so forth—or by relative ability for the job. Since naturally our institutes have decided on quality criteria, the only alternative seems to be either to observe the applicants on a trial run or assess their potentialities by some kind of prognostic evaluation. All institutes, I believe, have decided on preliminary selection. In the case of psychoanalysis it seems to be a teleological decision. Equally obvious is it that the candidates to be assessed must meet their assessor who will, by various methods, try to reach a clear and distinct judgment about those qualities or potentials on which his actual interest is focused. Which methods he uses depend on the assessor's psychology, on his experience with the production of such judgments, the nature of the qualities to be assessed, the time available, the procedures prescribed, the methods permissible. In general, assessors reach a clear judgment by making ranking judgments instead of absolute ones (A is stronger than B and weaker than C in respect to . . .).

The judgments in question here are neither logical nor moral judgments. They belong, at least partly, to a very interesting class of mental phenomena, related to intuition, which I studied many years ago and at that time called physiognomic judgments. When we perceive somebody's facial features or his gait and voice and know almost immediately that he is hostile, friendly, grabbing, generous, etc., we then experience in ourselves a primitive physiognomic judgment in the narrow sense of the word. When after a one-hour conversation, we leave a person, knowing clearly that he is trustworthy in certain matters or that he has the knack for analysis, we experience a complex judgment in which the basic component is of the nature of such a physiognomic judgment. My study showed me that considerable individual differences exist—frequency, ease, clearness,

and precision—through which individuals experience physiognomic judgment. Some people have strong defenses against physiognomic perceptions. Some feel defenses lessen under strong fatigue, the influence of alcohol, etc. Some people know and accept physiognomic experiences as an integral part of their human relationships and have learned to trust them. Some good, practical psychologists belong in this group. I find myself at the opposite extreme.

In the present selection of candidates the physiognomic judgment has necessarily a prominent place.

We do make diagnoses too. We recognize, for instance, the symptom of a psychosis or the expression of oral regression. In some cases the diagnostic insights are prevalent; in others they are in the background. The assessor probably rates the cases with prevalent diagnostic decisions as the easy ones, but they are the more rare ones, I think.

Anyhow, whether this is true or not, the assessment cannot be reduced to diagnosis because we do not pass judgment on actual qualities. To put it briefly, we predict the future. We form an opinion about what the candidate will be like after he goes through a psychoanalysis. There is not yet a diagnostic system invented which permits predictions of this type. Of course, those aspirants whose treatment offers the best prognostic chance—namely, the ones who openly ask for help in their neurotic troubles—we are inclined to reject altogether. Secondly, we do not know what a good psychoanalyst looks like. We may know—although I doubt that we do—what the required qualities for a psychoanalyst are, but we do not know what 'symptoms' these qualities produce in the assessment situation, during the allotted assessment time. Therefore, regardless of the amount of diagnostic decisions, the essential factor in the selection remains a physiognomic judgment. From this follows—among other things—that only those gifted in making physiognomic judgments should be permitted to select students. At least, persons should be eliminated who, because of their resistance, are unwilling or clumsy in the handling of their own physiognomic, judicial activities.



Is the selection thus produced irrational? I prefer to say that in its essential feature it is prerational. Is it not therefore to be condemned? Certainly not. Should we not vote, not choose reliable friends, not regulate our budget on predictions about our patients—all activities in which physiognomic judgments play an essential part? Scientifically trained men, the M.D. and the Ph.D. for example, have habitually a bad conscience when they pass physiognomic judgments or when they are made aware that they have used them, especially when this occurs in their professional field. But it does no good to deny that the selection of candidates for the institutes is essentially a nonscientific, namely a prerational procedure. To admit this is to take the first step in improving the procedure and in weighing intelligently its advantages and disadvantages. The general trend of thinking runs toward improving the selection procedure by increasing its diagnostic sector and by introducing test batteries or their equivalents. I am convinced that this program will not essentially help the situation, that is, in the foreseeable future.

For the sake of argument I suggest discussing this prospect anyhow. In the last decade testing, screening, and assessing have made tremendous progress under the pressure of the needs of business and of planned efficiency. It now seems quite possible to psychologists that they can devise or order a suitable method for any specialized assessment problem. True, to achieve this goal in certain cases may require a research project of highly complex studies, occupying great numbers of research men for a period of many years. Very likely the establishment of a diagnostic selection procedure for psychoanalysts will turn out to belong to the most difficult, the most expensive, and the most time-consuming of projects. But suppose, for the sake of argument, it were perfected. In this case I am sure that most training analysts, on second thought, will fight gallantly against its use by our institutes because selection would be completely taken out of their hands and performed instead by specialists who are not psychoanalysts. The psyche-assessors would become super-training analysts, and I am sure that the leaders of the institutes would not like that.

At the time when assessment psychology won its first triumphs the psychologists were so eager to put through laws which would grant them a field of occupation of their own, and the psychoanalysts were so busy formulating laws which would exclude psychologists as competitors for their income, that someone completely forgot to put two eminently important laws into the statute books: First, it is not permitted to communicate the result of a testing, screening, or assessment procedure to any one other than the assessee. Second, every person in authority who governs human fate in a small or large way, such as business executives, army officers above the rank of colonel, senators, university teachers, and training committee members have to make public the results of their assessments.

In order to clarify what I mean, I state concretely that I think it is a perversion when the candidates are 'Rorschached' without giving them the Rorschach results. The natural procedure, I think, is that the training analysts must communicate their findings to their potential analysands. But unfortunately at the crucial time when the assessment psychologists started to feel their oats, such ideas were labeled as crazy, exaggerated, and uncoöperative. And now, after psychology is perfected, we find that it has rationalized the relation of the group to the individual who wishes to belong to it, instead of rationalizing the relation of the individual to be tested to the group. The individual is now so completely dependent upon the group, so perfectly integrated into it, that no ego exists apart from the group any more, and therefore freudian psychoanalysis is no longer necessary. It is hardly even possible any more.

It strikes me that the most natural way of selection would be the following: If I met someone who impressed me as interesting, talented, passionately interested in psychoanalysis, I would try to keep an eye on him. I would see him in seminars or at a party given by one of my colleagues, and I would have an opportunity to hear how he is doing with his psychiatric, psychotherapeutic, or medical cases. When my interest in him has continued for a reasonable length of time I would invite him



to come as guest to the scientific meetings of the Psychoanalytic Society, and to the various seminars, lectures, and so on which the society or the institute is conducting. I would introduce him to my friends in the society and to some of the more experienced members, and I would draw their attention to this potential discovery. Some of them might have heard about him and observed him at his work, whatever that may be. Depending on the nature of his work we would invite him to give a lecture, participate in discussions, or give a paper; or, if he happens to be a psychotherapist, we would offer to control some of his cases. Since he is interested in psychoanalysis he probably will be eager to be psychoanalyzed himself; and depending upon my time and the estimate of my countertransference I would take him for analysis myself or suggest that he get himself a place on someone else's schedule. After a certain time, let us say after one or two years, he will have established some social and professional contacts in addition to his meeting the group and to working with control analysts. A considerable part of the membership of the group will know by this time pretty well whether they like him, and whether they think he is or will be a good psychoanalyst or not. Accordingly, one day the group will vote him in or out.

It is not difficult to recognize some flaws in this system, if you want to call it a system. There are disadvantages in the existing system, too, and my way of dealing with future psychoanalysts has the definite advantage of being just as unpredictable, just such a mixture of irrational application of rational insights, and just as specifically tailored for each case, as is freudian psychoanalysis.

But would we get, in this way, a sufficient number of new members, and would we get the most desirable ones? If we restrict the potential psychoanalysts to a group to be determined by purely extra-psychoanalytic considerations, then of course it is doubtful that we would get a sufficient number of new members. Yet, in this group, we would be as certain of getting the more or less desirable ones as we are now. At the moment, the

first considerations, I repeat, and not the last considerations, in our selection of candidates are externals such as an M.D., psychiatric training, money, priorities. In my scheme the first consideration is: Does the person interest me, and do I bet on him as psychoanalytic material? If the wish of the group is to find a great number of very desirable candidates, then extra-psychoanalytic requirements must not be considered, or at any rate must be considered in last place, with a great readiness on the part of the society or the institute to waive them or find ways of circumventing them; whereas on the prime considerations there should be no compromise at all.

To return to our main question—the training analysis: unfortunately in our system the training analyst is also charged with the duty of deciding when the candidate is ready to attend seminars, when he may be admitted to controls, when the training analysis is to be considered finished. In general, it is largely at his discretion whether the candidate becomes a psychoanalyst or not. The training analyst is not, as freudian method demands, a mere transference figure. He is instead a part of the patient's reality, a powerful and even decisive factor in it. Such a glaring deviation from the classic technique may sometimes be desirable in cases of nonclassic structure—in alcoholism, for example, or a high degree of infantilism; but these cases will rarely be suitable training material. Our system does not even permit the analyst to modify the regulations under which he works. He must take a judge's attitude in every case. By policy and circumstance the institutionalized training analysis thus bears the features of a non-freudian technique.

I should like to call your attention briefly to several additional points that may be relevant to a future evaluation of the personal analysis.

The personal analysis is no barrier against heterodoxy. The inventors of our training system, who had set such anxious hopes in its preventive force, have been definitely proven wrong. It seems quite sufficient for our point if we list only



some of the former trainees of the Berlin Institute: Alexander, Rado, Horney, Fromm, Reich, Fromm-Reichmann.

As I noted earlier the analysand does not learn much about technique in his personal analysis. He grows aware of his analyst's style and personality rather through identification and intuition than by conscious observation; he certainly incorporates some of his stereotypes. But in his work these relics of his own personal analysis are at least as much hindrance as help. Often the wish of the student to know what his analyst thinks and feels and what motivates his technical actions, develops into a serious resistance; and sometimes the analyst's attitude toward his patients is badly influenced by unconscious reactions to his own former analyst.

As the only remedy against so-called blind spots, personal analysis is in my opinion grossly overrated. Perhaps in 1900 no one was able to recognize and accept the œdipus complex without first having dissolved the repressive forces in himself. Then we were blind and could not see certain facts either in ourselves or in others. But even for those days the generalization is incorrect. Freud, and certainly not he alone, was able to find the œdipus complex in his patients before he discovered it, through self-analysis, in himself. Today, a great number of psychiatrists and psychologists have satisfied themselves that the œdipus complex, in Freud's definition, does exist. It would be quite false to claim that they cannot see the complex in others, although they might be completely blinded in relation to themselves. The truth is that only if the repression of the œdipus complex or of any other infantile feature is very intense, and especially if it is surrounded by phobic or psychotic mechanisms, does the proper observation and treatment of neurotic patients become impossible. A psychotherapist, if he happened to be in this condition, would be well advised to arrange for a personal analysis. He would probably feel much better after it, and if he is concerned about his competence as a therapist, he would be more capable of demonstrating it.

We could continue at length to check all arguments advanced in favor of obligatory didactic analysis. In every case we would be forced to conclude that the argument holds in some circumstances but never in all of them.

There exist, as far as I am able to see, only two factors in personal analysis that can bear a fair amount of generalization. First, usually but not always, through personal analysis one can attain that high degree of intimate familiarity with psychological material which the analyst needs. This holds true especially for physicians, whose training in medical schools is almost completely directed at objective phenomena. Personal analysis may give them the necessary good conscience in dealing with the subjective world. Second, the impact and extent of transference reactions can perhaps be fully appreciated only after a personal analysis, although even here a modification seems advisable. The argument applies only if a convincing analysis of the transference has taken place. And I am not really certain whether one must have experienced one's own transference in order to recognize that of the patient.

And yet I would not spend an evening of your time discussing the question: Ought an analyst to have a personal analysis, or must he have one if the problem could be kept within these comparatively narrow borders? It cannot. It is in the nature of law-making that laws must be precise, and apparently their precision can only be insured by the issuance of other laws. It is not enough to insist that every analyst must have a personal analysis. The law-makers will be strongly tempted—and pressured—to qualify and define the meaning of the term 'personal analysis'. Next they will figure out how long the analysis must take, how many weekly sessions it must have, which analysts are qualified to give it and which are not, and on and on in this strain. Soon we find ourselves in our present situation, with the certain promise of worse to come if this law-making trend is not curbed.

In 1924, when I saw the legislators so passionately at work in Berlin, I thought they were, perhaps naturally, animated by



the spirit of the Prussian army. Since those days I have come to understand that institutionalization has nothing to do with that specific spirit, but that the laying down of laws is a hobby of psychoanalysts everywhere. A man is likely to choose as his hobby an activity that compensates him for certain frustrations in his professional life. Now if anyone has to frustrate his power drive, the ego satisfactions and the moral, sadistic components inherent in a law-maker, it is certainly the psychoanalyst during his workdays. And so, in consolation, we are burdened in our international, national, and local organizations with committees over committees; on rules, on standards, on laws and the multitude of their qualifications; we have the whole rigamarole of big business, the army, and any bureaucracy in order to govern a little band of a few hundred generally civilized and pleasant individuals, most of whom are seriously interested in helping themselves and their patients, and in doing some research in their spare hours. But unfortunately, the writing of laws and their application and enforcement turns into a hobby with a vengeance. It takes the life out of psychoanalysis by imposing on it, as we have seen, more and more nonanalytic regulations.

To me it is quite beyond doubt that the slightly distorted transference situation in the personal analysis of candidates is one outcome of these laws and that it has perceptible consequences in almost all cases. Some can be handled easily; in others, the changed transference situation by itself or combined with other factors makes it very difficult or quite impossible to achieve much in the genetic analysis of childhood. Frequently the transferences thus manipulated produce a mixture of psychoanalysis and nonpsychoanalytic therapy.

Occasionally the factual dependence of the student on the judgment and benevolence of his analyst, together with his rebellion against this situation, prolongs the analysis beyond any reason. A long list of difficulties and shortcomings stems from this anomaly of the transference situation, which we—of all people—impose arbitrarily on the didactic analysis.

I am not a perfectionist. Many of our patients live in en-

vironments that are so adverse to the straight psychoanalytic method that we have to compromise. Many of our patients are such thorough conformists, so dependent, so greedy for acceptance, so jealous and competitive, that what to others is fantasy to them becomes reality; they will need a modified kind of psychoanalysis—slightly modified in technique, greatly modified in its goal. But should we take as models for our psychoanalytic schools a situation in which dependence on the good will of authority becomes a reality trait, where ability to conform to rules and schedules becomes the true measure of excellence, where fear and libidinal competition with students are encouraged?

The personal analysis anyhow tends to infantilize the analysand temporarily and to a certain degree. When we incorporate it into a school system in which the student is treated as the object of abstract rules, this infantilism is intensified. When he has to stay in this atmosphere a long time it is made very difficult for him to see psychoanalysis for what it really is—a tool to strengthen one's intellectual, emotional, and social independence.

The justification that is usually given for the setting in which we teach psychoanalysis is twofold: 1, we turn out a fair number of well-trained, competent psychoanalysts; 2, there is no other way to do it when the number of aspirants is so great and the number of good training analysts so small.

Let me make a few closing remarks concerning these arguments. First, of course some people learn psychoanalysis in any setting. That does not prove that we have to invent the most unfavorable situations in which to teach psychoanalysis. Second, suppose we take the constitution of our society seriously. Our members consist of competent psychoanalysts. There is, of course, a certain range of variation in what one calls the gift for psychoanalysis in the commitment to a more or less freudian theory or technique. There is a certain range in the amount of experience. Some members are universally liked. Some are less popular. Some get many referrals from their col-



leagues; some very few. In certain of our groups there are a few who have the reputation of being outstandingly good. Each group must, of course, have one 'weakest' member. But we possess no way by which we can rationally rank the membership into Good, Very Good, and The Best analysts. Yet strangely, that is exactly what has taken place. The membership of all of our groups is divided into members who are good enough for the simple paying patient and into really good ones who take care of our future membership.

I think that this division of our membership is not justifiable and has proven over the last twenty years to be detrimental to psychoanalysis. It is our training system that intensifies and perpetuates this division. I have never heard an argument for the existence of this class system within the psychoanalytic societies except that our candidates must have the best teachers. What is a good teacher? By what criteria will we decide that question? It obviously cannot be justified that the 'best teachers' decide for themselves and appoint according to their private yardstick who is to join their ranks.

It is inevitable that the analysand—in certain phases of his transference—has exaggerated thoughts about the eminence and professional capacity of his analyst. Frequently remnants of this transference attitude persist long after the analysis. By singling out a few members in each society as the privileged training analysts, implying that they are the best analysts, we confuse fantasy and magic with reality factors to such a degree that we have created turmoil at times in some of our groups. Dr. Sachs, the first training analyst, soon withdrew from all offices in the society and institute. He saw clearly that the position of training analyst is incompatible with any involvement in society or institute politics. If the training analyst combines the transference authority of a father with the power and authority of office, his job as analyst becomes very difficult indeed. In our training system we elevate every training analyst to a power and prestige position. We thereby disturb perceptibly the transference in the personal analysis, whereas in fact

or maybe only in my opinion, under less artificially complicated circumstances, the personal analysis is just as difficult or as easy as every other psychoanalysis. All that one needs to conduct the personal analysis of a colleague is the colleague's coöperation, some experience, and a lot of tact.

If I do not give you any practical suggestions for the solution of these complex situations it is not because I want to evade the issues. Rather it is because I do not feel that the problems involved have been sufficiently discussed and investigated at this time. I have the feeling that the first step on the agenda should be a psychoanalytic evaluation of all the conditions which at present exist in training. Obviously one has to make compromises because every institution can only approximate the ideal. But these compromises must be made with great care and they should always include a system of check and countercheck.



# INTERNALIZATION, SEPARATION, MOURNING, AND THE SUPEREGO

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In this paper I shall speak of the superego as a product of internalization, and of internalization in its relations to separation, loss, and mourning. A brief consideration of some aspects of the termination of an analysis will be presented in this context. I shall describe some of the differences and similarities between ego identifications and superego identifications and shall introduce the concept of degrees of internalization, suggesting that the introjects constituting the superego are more on the periphery of the ego system but are capable of mobility within this system and may thus merge into the ego proper and lose their superego character. The proposition will be presented that the superego, an enduring structure whose elements may change, has important relations to the internal representation of the temporal mode future.

As an introduction to the subject it may be useful to recall that for Freud the superego is the heir of the œdipus complex. Introjections and identifications preceding the œdipal phase and preparing the way for its development go into the formation of the ego proper. The origins of the superego are to be found also, according to Freud, in those early identifications which he calls immediate and direct and which are not the outcome of relinquished object cathexes. But the identifications which constitute the superego proper are the outcome of a relinquishment of œdipal objects: they are relinquished as external objects, even as fantasy objects, and are set up in the ego, by which process they become internal objects cathected by the id,—a narcissistic cathexis. This is a process of desexualization in which

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an internal relationship is substituted for an external one.

Thus we can distinguish two types or stages of identification: those that precede, and are the basis for, object cathexes and those that are the outcome of object cathexes formed in the oedipal phase. The latter constitute the precipitate in the ego which Freud calls the superego; the former constitute the forerunners, the origins of the superego but are, considered in themselves, constituent elements of the ego proper. I think it is correct to say that the early ('ego-') identifications take place during stages of development when inside and outside—ego and objects—are not clearly differentiated, which is to say that the stage where 'objects' can be 'cathected' is not yet reached or that a temporary regression from this stage has taken place. The later type of identifications, the superego identifications, on the other hand, are identifications with differentiated objects of libidinal and aggressive cathexis,—objects which themselves cathect in such ways. The later identifications thus can be based on the relinquishment of these objects. In actuality, of course, there is a continuum of stages between these two types and much overlapping and intermingling of them.

# I

The relinquishment of external objects and their internalization involves a process of separation, of loss and restitution in many ways similar to mourning. During analysis, problems of separation and mourning come to the fore in a specific way at times of interruption and most particularly in the terminal phases of treatment. In fact, the end-phase of an analysis may be described as a long-drawn-out leave-taking—too long-drawn-out, it often seems, from the point of view of ordinary life. In everyday life, many of us tend to cut short a farewell, perhaps in order to diminish the embarrassment, the ambiguity, and pain, even though we may be torn between the grief of separation and the eager anticipation of the future awaiting us. Others seem to wish to prolong the farewell; yet it is not the farewell they want to prolong but the presence of the beloved person



so as to postpone the leave-taking as long as possible. In both cases an attempt is made to deny loss: either we try to deny that the other person still exists or did exist, or we try to deny that we have to leave the beloved person and must venture out on our own. Either the past or the future is denied. At the death of a beloved person, either form of denial may occur internally as there is no possibility of realizing the denial by external action with the other person. In true mourning, the loss of the beloved person is perhaps temporarily denied but gradually is accepted and worked out by way of a complex inner process.

Analysis is not and should not be like ordinary life although it is a replica of it in certain essential features while it is fundamentally different in other respects. Compared with everyday life, the leave-taking of the end-phase of analysis is too long-drawn-out; compared with the leave-taking involved in the resolution of the oedipus complex, the terminal phase of an analysis is likely to be a considerably shortened and condensed leave-taking. One of the differences between analysis and ordinary life is that experiences purposefully and often painfully made explicit in analysis usually remain implicit in ordinary life; they are lifted onto a level and quality of awareness which they do not usually possess in ordinary life. To gain such awareness, inner distance and perspective are needed, and to acquire them time is needed which is not often available or used in such ways in the urgency of immediate life experiences.

If the experience of parting, of ending the relationship with another person (here the analyst) is felt explicitly, consciously, and in the hypercathected mode that is characteristic of analysis and is promoted by the analytic interpretation, then neither the existence of the person from whom we part nor the anticipated life without him can be denied. In the explicit experience of parting, the person from whom we take leave is becoming part of the past, and at the same time we move into the future which is to be without him. Neither past nor future are denied but are recognized and taken hold of in the present. The extended

leave-taking of the end-phase of analysis is a replica of the process of mourning. The analyst who during the analysis has stood at times for mother, father, and other loved and hated figures of the patient's past is to be left. The internal relationships the patient had established with these loved and hated figures of the past have become partially external again during analysis. The internalizations by which the patient's character structure became established in earlier years have been partially undone in the analytic process and have been replaced by relationships with an external object—the analyst standing for various objects at different times. In other words, internalizations have been, to a degree, reversed; internal relationships constituting elements of the ego structure have been re-externalized.

Analysis, understood as the working out of the transference neurosis, changes the inner relationships which had constituted the patient's character by promoting the partial externalization of these internal relationships, thus making them available for recognition, exploration, and reintegration. By partial externalization, psychic structures in their inner organization are projected onto a plane of reality where they become three-dimensional, as it were. However, the analyst, as was the case with the original parental figures, is only a temporary external object in important respects. The relationship with the analyst, like that with parental figures in earlier ego development, has to become partially internalized—a process which to varying degrees goes on during all but the initial stages of analysis, but which is to come to its fruition and more definitive realization during the terminal phase. The pressure of the impending separation helps to accelerate this renewed internalization, although the process of internalization will continue and come to relative completion only after termination of the analysis.

The death of a love object, or the more or less permanent separation from a love object, is the occasion for mourning and for internalization. The unconscious and conscious experiences of threats to one's own existence as an individual, heightened by the increasing awareness of one's own eventual death, is, I



believe, intimately connected with the phenomenon of internalization. It seems significant that with the advent of Christianity, initiating the greatest intensification of internalization in Western civilization, the death of God as incarnated in Christ moves into the center of religious experience. Christ is not only the ultimate love object which the believer loses as an external object and regains by identification with Him as an ego ideal, He is, in His passion and sacrificial death, the exemplification of complete internalization and sublimation of all earthly relationships and needs. But to pursue these thoughts would lead us far afield into unexplored psychological country.

Loss of a love object does not necessarily lead to mourning and internalization. The object lost by separation or death may not be mourned, but either the existence or the loss of the object may be denied. Such denial is the opposite of mourning. Instead of internalizing the relationship, external substitutions may be sought. One patient, for instance, used all available figures in the environment as substitutes for the lost parents, clinging forever to relatives and friends of his parents and from his own childhood, appealing to them, often successfully, for care and love. But he was unable to establish lasting new relationships and lasting and effective sublimations; his capacity for productive work was severely limited; his superego development was rudimentary. Both the ability to form lasting new external relationships and the capacity for stable sublimations appear to be based on, among other things, firmly established internalizations.

Another patient appeared to be the victim of his father's denial of the death of the father's beloved brother. The patient became the substitute for the brother and the father now clung to him with all the force of this never-relinquished attachment. The patient had great difficulty in emancipating himself from his father because of the guilt involved in severing this tie. Of course this was only one aspect of the patient's neurotic attachment to his father. For many complex reasons, a third patient denied the existence of his sister with whom he had had an

early overt sexual relationship. This sister, now married, remained strongly attached to the patient while he denied the early relationship as well as any present feeling for her by complete condemnation of her and refusing to have anything to do with her. In the analysis he kept 'forgetting' her existence, as well as the significance of the childhood relationship in his current life, despite its prominent evidence. For this patient the process of mourning was something to be avoided; for instance, even a temporary separation had to be abrupt and he would not let friends or relatives accompany him to the station if he were going away on a trip. When we began to think of termination of the analysis, he had a strong impulse to terminate practically from one day to the next, and insisted that after the analysis we would never meet again.

An analysis is itself a prime example of seeking a substitute for the lost love objects, and the analyst in the transference promotes such substitution. The goal, however, is to resolve the transference neurosis, a revival of the infantile neurosis. The failure to resolve the *œdipus* complex can be understood as a failure to achieve stable internalizations based on true relinquishment of the infantile incestuous object relations, leading to faulty superego formation. The resolution of the transference neurosis is thus intimately related to the achievement of true mourning by which relationships with external objects are set up in the ego system as internal relationships in a process of further ego differentiation. This is the reason why it is so important to work through the separation involved in the termination of analysis.

Ideally termination should culminate in or lead into a genuine relinquishment of the external object (the analyst) as an incestuous love object and, in the transformation of the external relationship, into an internal relationship within the ego-superego system. Such internalization does not necessarily imply that a relationship, once it becomes internal, cannot further develop as an internal relationship. To avoid misunderstanding I should like to stress again that a sharp distinction must be



maintained between a relationship to fantasy objects and an internal relationship that is a constituent of ego structure.

## II

It is time to consider more closely the problem of internalization and its relation to separation and mourning. I use the term 'internalization' here as a general term for certain processes of transformation by which relationships and interactions between the individual psychic apparatus and its environment are changed into inner relationships and interactions within the psychic apparatus. Thus an inner world is constituted and it in turn entertains relationships and interactions with the outer world. The term 'internalization' therefore covers such 'mechanisms' as incorporation, introjection, and identification, or those referred to by the terms 'internal object' and 'internalized object', as well as such 'vicissitudes of instincts' as the 'turning inward' of libidinal and aggressive drives. The word 'incorporation' most often seems to emphasize zonal, particularly oral, aspects of internalization processes. 'Introjection' ordinarily is used for ego aspects of the same processes. 'Identification' probably is the term that is most ambiguous. There are reasons to assume that internalization per se is only one element of at least certain kinds of identification and that projection plays an important part in them. The term 'identification', in accordance with general psychoanalytic parlance, is used here in a somewhat loose fashion so as not to prejudge what might be implied in the concept.

The significance of separation has been of concern to psychoanalysis since its beginnings, and in many different contexts and ramifications. To name some at random: separation anxiety, castration fear, birth trauma, loss of the love object, loss of love, the implications of the oedipal situation (relinquishment of the libidinal object, incest barrier), mourning, depression, ego boundaries and early ego development (detachment from the environment), superego origins, oral aggression, frustration, and others beside. If one asks how human beings deal

with the anxieties and frustrations of separation and loss, the answer may be either by external action designed to reduce or abolish the sense of separation and loss, or by an internal process meant to achieve the same end. Yet separation may be experienced not as deprivation and loss but as liberation and a sign of mastery. Separation from a love-hate object may be brought about by oneself in an attempt to effect emancipation from such objects, or it may be facilitated by others, even the love objects themselves; if it is not facilitated, or if it is prevented by others, the lack of separation may be experienced as deprivation. However it seems that emancipation as a process of separation from external objects—to be distinguished from rebellion which maintains the external relationship—goes hand in hand with the work of internalization which reduces or abolishes the sense of external deprivation and loss. Whether separation from a love object is experienced as deprivation and loss or as emancipation and mastery will depend, in part, on the achievement of the work of internalization. Speaking in terms of affect, the road leads from depression through mourning to elation.

In the event of aggression and overwhelming intrusion and invasion from the outside, the need for separation may become imperative. Such a need may be satisfied by removal of the aggressor or of oneself. On the other hand, under such circumstances the need for union may become imperative ('identification with the aggressor'); through such union aggression is removed by a different means. As we explore these various modes of separation and union, it becomes more and more apparent that the ambivalence of love-hate and of aggression-submission (sadism-masochism) enters into all of them and that neither separation nor union can ever be entirely unambivalent. The deepest root of the ambivalence that appears to pervade all relationships, external as well as internal, seems to be the polarity inherent in individual existence of individuation and 'primary narcissistic' union—a polarity which Freud attempted to conceptualize by various approaches but which he recognized



and insisted upon from beginning to end by his dualistic conception of instincts, of human nature, and of life itself.

The relinquishment of the œdipal love objects and the concomitant identifications are generally seen as being enforced by these very objects (castration threat, threat of loss of love, incest taboo). But if this development be a necessary evil, it is the kind of evil that is turned into a virtue in the course of human evolution. It is an example of the 'change of function' which led Hartmann to the concept of the secondary autonomy of the ego.<sup>1</sup> As pointed out before, separation from love objects, while in one sense something to be overcome and undone through internalization, is, in so far as it means individuation and emancipation, a positive achievement brought about by the relinquishment and internalization of the love objects. The change of function taking place here is that a means of defense against the pain and anxiety of separation and loss becomes a goal in itself.

But can we be satisfied with the description of these internalizations as originating in defensive needs even though we grant that they are important elements in œdipal identifications? The œdipal identifications, constituting the elements of the superego, are new versions—promoted by new experiences of deprivation and loss—of identifications which precede the œdipal situation. The narcissistic cathexis, replacing object cathexis in internalization, is secondary and is founded on an older, 'primary' narcissism of which it is a new version. The same appears to hold true not only for the libidinal but for the aggressive aspects of œdipal identifications. If we accept Freud's views on primary aggression, behind aggression turned inward, as manifested in phenomena of guilt and masochism, lies what Freud called 'primary masochism' which, in terms of the aggressive drives, cor-

<sup>1</sup> Hartmann, Heinz: *Ego Psychology and the Problem of Adaptation*. New York: International Universities Press, Inc., 1958, pp. 25-26. Certain aspects of internalization and of the all-important phenomenon of change of function in biology and mental life were seen clearly by Nietzsche. He used the term 'internalization'. Cf. his *The Genealogy of Morals* (1887). Garden City, New York: Doubleday Anchor Books, 1956.

responds to primary narcissism. Without going into further details here, the conception is that in ontogenetic development a primitive stage of primary narcissism and primary aggression (death instinct) is followed by some process of externalization. Once such externalizations have occurred, reinternalizations may take place and sexual and aggressive drives may be turned inward. Yet they are not quite the same drives as they were before externalization; they have been qualified and differentiated by externalization, that is, by having become object-cathected. (Freud wrote: 'The shadow of the object fell upon the ego'.) Figuratively speaking, in the process of internalization the drives take aspects of the object with them into the ego. Neither drive nor object is the same as before, and the ego itself becomes further differentiated in the process. Internalization is structure building.

But we must go one step further. It has been recognized recently that we have to understand the stage of primary narcissism and primary aggression not as a stage where libido and aggression are still cathected in a primitive ego rather than in objects, but as a stage where inside and outside, an ego and an object-world, are as yet not distinguishable one from the other. To quote from a recent summary of views on early ego development, '... no difference exists between the "I" and the "non-I" in the first weeks of life. The first traces of such distinction begin in the second month. This lack of boundaries is a prerequisite for both projection and introjection.'<sup>2</sup> To ask whether externalization preceded internalization or vice versa becomes, in the light of this insight, meaningless. There are primary externalizations and internalizations, and there are secondary externalizations and internalizations. In secondary externalization something that was internal becomes external, and in secondary internalization something that was external becomes internal. The meaning of the terms externalization and internalization, when we speak of the primary forms, is different: primary ex-

<sup>2</sup> Panel on *Some Theoretical Aspects of Early Psychic Functioning*, reported by David L. Rubinfine. J. Amer. Psch. Assn., VII, 1959, p. 569.



ternalization signifies that *externality is being established*; primary internalization signifies that *internality is being constituted*. On this level, then, we cannot speak of externalization ('projection') and internalization as defenses (against inner conflict or external deprivation); we must speak of them as boundary-creating processes and as processes of differentiation of an undifferentiated state. It is true, nevertheless, that defenses against inner conflict and against outer deprivation promote and color such differentiation.

Hence the relinquishment and internalization of œdipal objects, while 'enforced' by these objects in the œdipal situation, must at the same time be seen as a resumption on a new level of boundary-creating processes. Ego, objects, and boundaries of and between them—at first nonexistent, later still indistinct and fluid—gradually become more distinct and fixed, although by no means in an absolute or definitive fashion. Side by side with object relations, processes of identification persist and re-enter the picture in new transformations representing resumptions of boundary-setting, differentiating processes, notwithstanding their prominent aspects as defenses against loss of love objects.

Earlier I referred to the end-phase of an analysis as an extended leave-taking and as a replica of the process of mourning. Mourning involves not only the gradual, piecemeal relinquishment of the lost object, but also the internalization, the appropriation of aspects of this object—or rather, of aspects of the relationship between the ego and the lost object which are 'set up in the ego' and become a relationship within the ego system. This process is similar to the relinquishment of the œdipal objects that leads to the formation of the superego. A relationship with an external libidinal-aggressive object is replaced by an internal relationship. In the work of mourning—a lost relationship, lost by death or actual separation—, this change from object cathexis to narcissistic cathexis is a repetition, within certain limits, of the previous experience of the relinquishment of œdipal object relations and of their being set up in the ego. There is, of course, an important difference between the resolu-

tion of the œdipus complex and mourning in later life: in the œdipal situation the external objects not only remain present during the resolution of the conflict, but the fact that they remain present actively promotes the process of internalization. The parents remain present during this period but change their attitude; they promote a partial detachment, a decathexis of libidinal-aggressive drives from themselves as external objects so that an amount of such drive energy is freed for narcissistic recathexis. Moreover, some drive energy becomes available for eventual recathexis in nonincestuous external relationships: parents promote emancipation. Decathexis of drive energy from the incestuous object relations promotes, in varying proportions, both narcissistic recathexis (internalization) and recathexis in nonincestuous object relations. However, to the extent that incestuous object cathexis does not undergo some degree of internalization (change into narcissistic cathexis) prior to recathexis in external object relations, the new external object relations remain incestuous in character; without further differentiation of the inner world no further differentiation of the object world takes place. The latency period exemplifies, in its essentials, such a silent phase of internalization.

The promotion by the parents of partial decathexis from themselves as libidinal-aggressive objects, and of narcissistic recathexis (omitting in this context the recathexis in new object relations), is not merely in the interest of the child's development but represents a developmental change in the parents: they themselves achieve a partial decathexis of libidinal-aggressive drive energy from the child as *their* external object, leading to further internalizing processes in themselves and modifications of their own ego structures.<sup>3</sup> Such mutuality, to use Erikson's term, is essential for normal resolution of the œdipus complex and development of the superego.

If the resolution of the œdipus complex is a prototype of

<sup>3</sup> Compare Benedek, Therese: *Parenthood as a Developmental Phase*. J. Amer. Ps. Assn., VII, 1959, pp. 389-417, and pertinent formulations in many of Erik Erikson's writings.



mourning, it is this prototype, achieved through the interaction between the objects involved in the œdipal situation, that enables the individual to mourn external objects in later life without the object's interacting help. The analytic situation re-embodies this interaction and the termination of analysis leads, if things go well, to a healthier resolution of the œdipus complex than the patient had been able to achieve before, and to a more stable superego. Patients at the termination of treatment frequently express a feeling of mutual abandonment which, if analyzed, becomes the pathway to the relinquishment of the analyst as an external object and to the internalization of the relationship. This is similar to the experience of emancipation in adolescence, which repeats the œdipal struggle on a higher level.

Internal and external relationships, of course, continue to supplement and influence each other in various ways during adult life; there are more or less continuous shifts and exchanges between internal and external relationships. Freud first alluded to them in his paper, *On Narcissism*.

### III

'Ideal ego' and 'ego ideal' were the first names Freud gave to the 'differentiating grade in the ego' which he later called the superego. The ideal ego, by identification with the parental figures—perceived as omnipotent—represents, in Freud's view, a recapturing of the original, primary narcissistic, omnipotent perfection of the child himself. It represents an attempt to return to the early infantile feeling of narcissistic sufficiency, so rudely disillusioned by the inevitable frustrations and deprivations inherent in the conditions of extrauterine existence. This presumed omnipotent sufficiency appears to be maintained, for a time, by the close 'symbiotic' relationship with the mother, and is gradually replaced by reliance on the seeming parental omnipotence. The ideal ego, in contrast to the child's frequent experience of an impotent, helpless ego, is then a return, in fantasy, to the original state; it is an ego replenished, restored to the wholeness of the undifferentiated state of primary narciss-

sistic union and identity with the environment, by identification with the all-powerful parents. The process could be described—naïvely yet perhaps quite aptly—as one whereby the child reaches out to take back from the environment what has been removed from him in an ever-increasing degree since his birth: identification that attempts to re-establish an original identity with the environment. This identity of the past, at first 'hallucinated' by the child in the manner of hallucinatory wish fulfilment, gradually becomes something to be reached for, wished for in the future. Representatives of such a future state of being are parents, perhaps siblings, and later other 'ideals'.

If the ideal ego represents something like a hallucinated or fantasied state of perfection, the term 'ego ideal' indicates more clearly that this state of narcissistic perfection is something to be reached for. In so far as this wholeness is the original state of the infant in his psychic identity with the environment, and in so far as (from the point of view of the disillusioned observer) the parental environment is far from such a state of omnipotent wholeness and perfection, we must describe the identifications just mentioned as containing an element of projection. Undoubtedly such infantile projections evoke responses in the parent which in turn help to shape the child's developing conception of ideals, just as in general the parents' responses to his needs, demands, and expectations contribute to the character of his idealizations. But the child's ideals are also shaped by the parents' own projections, by *their* idealizations of the child, and by their demands, expectations, and needs in respect to the child. In a sense, both the child and the parents can be said to have fantasies—some would say illusions—about the other's state of perfection and wholeness, or at least about the other's perfectibility.

But let us not scoff at such fantasies. The demands and expectations engendered by them are essential for the development and maintenance of a sound superego in the object of such expectations—provided that the expectations are allowed to be continuously shaped and tempered by an increasing realistic



appraisal of the stage of maturity and of the potentialities of the object. The inevitable elements of disillusionment are no less important for superego development in the one so disillusioned, for it is such disillusionment that under reasonably favorable circumstances (if frustration is not overwhelming) contributes to the internalization of expectations and demands. Regarding the child, then, parental projective fantasies of the child's narcissistic perfection and wholeness, as well as infantile projective fantasies of the parent's omnipotent perfection, have an important bearing on the development of his superego. Such fantasies, based on old longings in all concerned, in normal development are gradually being cleared and modified in accordance with a more realistic comprehension of the potentialities and limitations of the object relation involved. The parents are to be the guides in this process of clearing and resolving which leads to a more rational mutual relationship externally, as well as to a reasonably balanced internal relationship within the ego-superego system in so far as the internalized demands lose their archaic insistence on narcissistic perfection.

The term 'superego'—in accordance with Freud's view that the superego is the heir of the *œdipus* complex—is used after the distinction between ego and objects, and the distinction between heterosexual and homosexual objects, is relatively firmly established, and after boundaries of and between ego and objects, and limitations of the *œdipal* object relations, are acknowledged. (In the particular context of this paper, I can only allude to the paramount importance of the sexual differentiation of objects and of self for the superego problem and must leave further consideration of this issue for another occasion.) It is only then that an external and an internal world can be said to exist in the experience of the child and that ideals and demands are more definitely sorted out into external and internal. There are now external and internal authorities, with their demands, their love and hate, their images of what should be, their rewards and punishments. The superego is constituted of those authorities that are clearly internal and

have become a 'differentiating grade in the ego', thus being clearly differentiated from external love-hate authorities and ideal images.

Demands, expectations, hopes, and ideals change in the course of development. Some are reached and fulfilled and are no longer beckonings from a future; others are not. Some are given up, others remain as ideals and demands though never reached and fulfilled. New demands and ideals arise. Some are realized for a time but then are lost or become remote again. Clinical evidence, particularly clear in some psychotic and borderline states because of the fragility and transparency of the ego structure, indicates a mobility of so-called introjected objects within the ego system, suggesting shifting degrees of internalization and externalization which bring the introjects more or less close to the ego core. If we think in such terms as 'degrees of internalization', of greater or lesser 'distance from an ego core', it is of great importance to keep in mind that the modification of external material for introjection, brought about by internalization, varies with the degree of internalization. A comparison with physiological assimilation is suggested whereby organic compounds are ingested and subjected to catabolic and anabolic changes in the course of assimilation into the body substance. Underlying the concept of the superego as a differentiating grade in the ego is the idea of a distance from an ego core. Unless there is a degree of tension between this ego core and the superego, they are not distinguishable.

Let me give a simple example of progressive internalization and re-externalization, taken from precursory stages of superego development. Ferenczi spoke of sphincter morality, and there can be no doubt that the expectation of sphincter control becomes increasingly internalized as an expectation. But a point is reached where such control is established and no longer an external or internal demand which may or may not be realized; it becomes an automatic control which now can be said to be a rather primitive ego function. Since maturation must have advanced to a state where such expectations become feasible, it



is obvious that a correspondence between external and internalized expectation, on the one hand, and internal potentiality, on the other hand, is very important. Sphincter control, under certain conditions of stress, may be lost temporarily, at which time it regains the quality of a demand. Or it may retain this quality unconsciously from early times; for instance, if the original parental expectation of it was not in tune with the maturational stage of the child—a lack of empathic interaction which interferes with internalization.

A second example is taken from the experience of mourning. The outcome of mourning can show something like a new intake of objects into the superego structure in so far as elements of the lost object, through the mourning process, become introjected in the form of ego-ideal elements and inner demands and punishments. Such internalization of aspects of a lost love object, if observed over long periods of time (we must think in terms of years in adults) may be found to be progressive, so that eventually what was an ego-ideal or superego element becomes an element of the ego proper and is realized as an ego trait rather than an internal demand. We see this, for instance, in a son who increasingly becomes like his father after the father's death. It is as though only then can he appropriate into his ego core given elements of his father's character. It would lead too far to give clinical examples from psychotic conditions, although shifts in degrees of internalization and externalization, because of the instability of the ego structure, are often particularly impressive here.<sup>4</sup>

The foregoing discussion leads to a conception of the superego as a structure, and enduring as a structure whose constituent elements may change.<sup>5</sup> Elements of it may become elements of the ego proper and may, under conditions of ego disorganization

<sup>4</sup> Cameron, Norman: *Introjection, Reprojection, and Hallucination in the Interaction Between Schizophrenic Patient and Therapist*. Int. J. Ps., XLII, Parts 1-2, 1961.

<sup>5</sup> See also Novy, Samuel: *The Role of the Superego and Ego Ideal in Character Formation*. Int. J. Ps., XXXVI, 1955. Here he speaks of the superego as a 'functional pattern of introjection rather than as a fixed institution'.

and reorganization, return, as it were, into the superego and even be further externalized.

During analysis we can observe the projection or externalization of superego elements onto the analyst. During periods of psychic growth—in childhood as well as in adult life—the change of superego elements into ego elements is a continuing process, it seems. The superego itself, in its turn, receives new elements through interaction with the object world. The changing of superego elements into ego elements involves a further desexualization and deaggressivization; it involves a return, as in a spiral, to the type of identifications characterized as ego or primary identifications—regaining a measure of narcissistic wholeness which inevitably, as in childhood, leads again to loss of such self-sufficiency by further involvement with others. The progressive differentiation and enrichment of the ego during life, to the extent to which it occurs, is a return in a new dimension to an identity of ego and objects, on the basis of which new reaches of the object world become accessible. The ripening of the personality in adult life, whether through analysis or other significant life experiences, is based on the widening and deepening relations that the enriched and more differentiated ego entertains with external reality, understood and penetrated in new dimensions.

Inner ideals, expectations, hopes, demands, and, equally, inner doubts, fears, guilt, despair concerning oneself—all this is reaching toward or feeling defeated by a future. The voice of conscience tells us what we should do or should have done, speaking from a future which we ask ourselves to reach or tell ourselves we are failing to reach—perhaps a future which should bring back a lost past, but certainly a future whose image in the course of development becomes imbued with all that is still alive from the hopes, expectations, demands, promises, ideals, aspirations, self-doubt, guilt, and despair of past ages, ancestors, parents, teachers, prophets, priests, gods, and heroes. Maturation and development, which are movements into a future, are promoted, defined, and channeled, or hindered and inhibited, by



the hopes and expectations, fears, doubts, and demands, by the guidance and positive and negative examples given by parents and other authorities, depending on whether or not they are commensurate with the stage and speed of development and with the potentialities of the child, and depending on the superego development of the authorities themselves. Seen from the other side, parental expectations, fears, and hopes, the guidance and example-giving of authorities, their standards, prohibitions, and punishments for the child are promoted and channeled, or inhibited and frustrated, by the child's maturation and development which bring some new potentialities into the parents' view and limit and exclude others. The superego, inasmuch as it is the internal representative of parental and cultural standards, expectations, fears, and hopes, is the intrapsychic representation of the future. Only in so far as we are ahead of ourselves, in so far as we recognize potentialities in ourselves which represent *more* than we are at present and from which we look back at ourselves as we are at present, can we be said to have a conscience. The voice of conscience speaks to us as the mouthpiece of the superego, from the point of view of the inner future which we envision. One might say that in the voice of conscience the superego speaks to the ego as being capable or incapable of encompassing the superego as the inner future toward which to move.

As an aspect of the inner future of the ego becomes an inner actuality, this superego element merges into the ego as an element no longer differentiated from the ego. Guilt in respect to this element vanishes, as guilt is a form of tension between ego and superego. We have a sense of guilt concerning past or present thoughts, feelings, and deeds, but only inasmuch as they represent a nonfulfilment of the inner image of ourselves, of the internal ideal we have not reached, of the future in us that we have failed.

The greater or lesser distances from the ego core—the degrees of internalization of which I spoke—perhaps are best understood as temporal in nature, as relations between an inner present

and an inner future. Such structuralization obviously is not spatial. Physical structures are in space and organized by spatial relations. It may be that we can advance our understanding of what we mean when we speak of psychic structures if we consider the possibility of their mode of organization as a temporal one, even though we do not as yet understand the nature of such organization. It might well be useful to explore further not only the superego in its relations to the temporal mode future, but also the time dimensions of id and ego and their relations to the temporal modes past and present.

### SUMMARY

The formation of the superego, as the 'heir of the œdipus complex', is considered in its relation to the phenomena of separation and mourning. Separation is described in its aspect as the occasion for processes of internalization, especially as it is related to mourning. The work of mourning is not confined to a gradual relinquishment of the lost object but also encompasses processes of internalizing elements of the relationship with the object to be relinquished. Such internalizations, in so far as they occur as part of the resolution of the œdipus complex, lead to further differentiation of the ego of which the superego is a 'differentiating grade'. Some illustrations of the psychological processes involved in separation are given and there is a brief discussion of the termination of analysis from this point of view.

Separation from love objects constitutes a loss and may be experienced as deprivation. But separation, in certain crucial events in human life, also has the significance of emancipation and lack of separation may be experienced as deprivation. It is suggested that the emancipation involved in the normal resolution of the œdipus complex, as well as in subsequent separations in which successful mourning takes place, can be understood in two ways: first, as an internal substitution for an externally severed object relationship (internal 'restitution of the lost object'), and second, as a resumption of early boundary-setting processes by which a further differentiation and integration of



the ego and of the object world on higher levels of development takes place. In other words, so-called superego identifications represent an undoing, so to speak, of separation in so far as object loss is concerned and they also represent the achievement of separation in so far as boundary-setting and further ego and object differentiation is concerned. The differences and similarities between so-called primary and secondary identifications, as well as between primary and secondary narcissism and between primary and secondary aggression, are briefly discussed from this point of view. It is pointed out that both internality and externality, an inner world and an outer world, are constituted by the primary forms of these processes and that their secondary forms, notwithstanding their defensive functions, continue to contribute to the further organization of an inner and an outer world.

Some concrete aspects of superego formation through the interaction between child and parents are briefly cited, and the duality or polarity of individuation and primary narcissistic identity with the environment is emphasized as a basic phenomenon of human development underlying the ambivalent significances of separation and of internalization.

The concept of degrees of internalization is advanced. This implies shifting distances of internalized 'material' from the ego core and shifting distances within the ego-superego system, as well as transformations in the character of the introjects according to the respective degrees of internalization. The superego is conceived as an enduring structure pattern whose elements may change and move either in the direction of the ego core or in an outer direction toward object representation. Thus elements of the superego may lose their superego character and become ego elements, or take on the character of object representations (externalization). It is postulated that the superego has the temporal character of futurity inasmuch as the superego-ego ideal may be understood as the envisioned inner future of the ego. Conscience, as the voice of the superego, speaks to the ego from the point of view of the inner future toward which

the ego reaches or which the ego has failed. It is suggested that the degrees of internalization, the distances from the ego-core, are temporal in nature, representing relations between an inner present and an inner future, although we but vaguely grasp the nature of such temporal structuralization.



# EROS AND THE REPETITION COMPULSION

BY WILLIAM NEEDLES, M.D. (NEW YORK)

In *Beyond the Pleasure Principle* (6), Freud introduced the concept of a repetition compulsion to account for recurrent dreams of trauma, repetitive behavior in the analytic situation and in the outside world, and a game of a child he had observed. The feature in common was the reanimation of a previous unpleasant experience; hence, an abrogation of the pleasure principle. Characteristically he proceeded from empirical clinical observation to the search for an explanatory hypothesis. The primary-process mode of discharge involved in these phenomena showed him that instinctual activity was at work, and he reasoned that if the repetition compulsion strove for the reinstatement of an ever-earlier stage of existence, then the only logical end point was the state of inanimate matter. Therefore, he postulated a death instinct which he viewed as the instigator of the repetition compulsion. At the time, as for many years before, Freud was greatly influenced in his thinking by Fechner's principle of constancy. This predicates a correspondence between states of stimulus tension and unpleasure on the one hand, and states of stimulus extinction and pleasure on the other—a tendency for the organism to seek minimal stimulation. Four years later, in *The Economic Problem in Masochism*, Freud altered his views on this subject (7).

Since instinctual forces were involved, Freud himself raised the question whether the repetition compulsion with its revival of earlier conditions might not also be set in motion by eros, the sexual instinct. He answered the question in the negative. He reasoned that eros aimed to unite two individuals for the purpose of creating a new being which was a progressive process and consequently could not possibly represent a striving to re-establish a previous state. 'The upshot of our inquiry so far has been the drawing of a sharp distinction between the "ego instincts" and the sexual instincts, and the view that the former

exercise pressure toward death and the latter toward a prolongation of life. But this conclusion is bound to be unsatisfactory in many respects even to ourselves. Moreover, it is actually only of the former group of instincts that we can predicate a conservative, or rather retrograde, character corresponding to a compulsion to repeat. For on our hypothesis the ego instincts arise from the coming to life of inanimate matter and seek to restore the inanimate state; whereas as regards the sexual instincts, though it is true that they reproduce primitive states of the organism, what they are clearly aiming at by every possible means is the coalescence of two germ-cells which are differentiated in a particular way' (6, p. 44).

In the New Introductory Lectures on Psychoanalysis Freud raised the question again but did not resolve it. 'The question whether all instincts without exception do not possess a conservative character, whether the erotic instincts also do not seek the reinstatement of an earlier state of things, when they strive toward the synthesis of living substance into larger wholes—this question, too, must be left unanswered' (8, p. 148).

Finally, in *An Outline of Psychoanalysis*, Freud was more definite. 'If we suppose that living things appeared later than inanimate ones and arose out of them, then the death instinct agrees with the formula that we have stated, to the effect that instincts tend toward a return to an earlier state. We are unable to apply the formula to eros (the love instinct). That would be to imply that living substance had once been a unity but had subsequently been torn apart and was now tending toward reunion' (9, pp. 20-21). In a footnote to this statement Freud commented that a notion of this sort had been imagined by poets but that nothing confirmed it in the history of living substance. He pointed out that the problem was one basically soluble only by biology.

In the following I shall try to demonstrate that biologic evidence does exist which supports the thesis that eros aims toward the re-establishment of an ancient state when it effects the union of male and female; moreover, that this evidence is much more



tangible than for the death instinct where the mysterious leap from inanimate to animate and back again must be accounted for. The evidence lies, I believe, in the phenomenon of hermaphroditism which has wide distribution in the phylogenetic scale and is traceable to a very remote past. The union of male and female appears to be an attempted restitution of this hermaphroditic stage.

It is worth noting that Freud himself was engrossed with the idea of hermaphroditism. In considering the possibility of repetition compulsion in the case of eros, he cited a fragment from Plato's *Symposium*. "The original human nature was not like the present, but different. In the first place, the sexes were originally three in number, not two as they are now; there was man, woman, and the union of the two. . . ." Everything about these primeval men was double: they had four hands and four feet, two faces, two privy parts, and so on. Eventually Zeus decided to cut these men in two, "like a sorb-apple which is halved for pickling". After the division had been made, "the two parts of man, each desiring his other half, came together, and threw their arms about one another eager to grow into one" (6, pp. 57-58). Freud accepted the mythical nature of this account but seemed to suggest by implication that, if it were true, it would provide proof of a repetition compulsion in the sexual instinct. As we have seen, in *An Outline of Psychoanalysis*, he again dismissed this notion as the creation of poets. Elsewhere Freud had stressed that a certain degree of hermaphroditism is normal (10, p. 141) and subsequently referred to this point several times.

Freud's reference to anatomical bisexuality was limited to man. Presumably, if his attention had been called to its existence at many other levels of animal life, in his preoccupation with the return of living matter to previous states of functioning, he might have reached different conclusions about a repetition compulsion in the erotic sphere. However, in spite of his limited consideration of anatomical bisexuality in man, one cannot but wonder why Freud did not conclude that the sexual instinct could effect an urge toward the recurrence of an earlier

state. He had, after all, relied on Haeckel's biogenetic proposition that ontogeny repeats phylogeny to support his theory of a death instinct when, in *Beyond the Pleasure Principle*, he had pointed to the recapitulation of earlier phases in evolution during the embryologic development of the human foetus. During the course of this development, from the undifferentiated sex cells of the germinal epithelium arise cells which become ova in the female and spermatozoa in the male; out of this undifferentiated phase there develop sexual organs of both sexes (1); and in adult life each sex carries vestiges of organs characteristic of the opposite sex—the clitoris in the female, for example, and the prepuce in the male (13). Why could not this evidence be as cogently used to support the thesis of a striving toward an earlier phase on the part of eros as it was in the case of the death instinct? The sexual union of male and female would represent a return to this undifferentiated state.

Apart from this consideration there is ample evidence of hermaphroditism in lower forms. A comprehensive presentation would require a greater knowledge of the biological sciences than is at my command. I must rely for this purpose on standard texts (3, 4, 14, 15).

In Webster's New International Dictionary a hermaphrodite is defined as follows: 'An individual having both male and female reproductive organs. In the higher vertebrates, including man, this is an abnormal and rare condition, and the organs and functions of one or both sexes are nearly always imperfectly developed. Among the fishes it is more common, and is a normal condition in a few forms. Some species of the genus *Serranus* are said to habitually fertilize their own eggs. Many invertebrates are hermaphroditic, but in a large proportion of them the eggs must be fertilized by the spermatozoa of another individual, either because the sexual products are produced at different times . . . or because of the location and structure of the accessory reproductive organs.'

In plants hermaphroditism is a commonplace, stamen and stigma of the flower representing male and female elements respectively. Many plants pollinate themselves.



In the most primitive class of unicellular animals, the protozoa, the amoeba reproduces asexually and attains immortality through the process of repeated fission. The paramecium similarly reproduces by fission but at certain stages also goes through a process of conjugation in which two organisms approximate each other and exchange micronuclear material without any increase in number, hence without reproduction. In the sporozoa, reproduction is alternately asexual and sexual; after a period of fission sex cells in the form of macrogametes and microgametes appear, which fuse to form zygotes and the zygotes, incorporating both elements, then reproduce by simple fission. The boundary line between asexual and sexual reproduction is thus seen to occur at a very early stage of zoölogic development. In the parazoa, the sponges, reproduction is both asexual and sexual; in the latter case, each organism may contain both sex elements (monecious) or only one (diecious).

In the metazoa, among the coelenterates, the hydra demonstrates an asexual phase of fission and a sexual phase in which both ovaries and testes are combined in the same organism. The obelia produces eggs and sperm which unite in the surrounding sea water. The planarian (flatworm) reproduces either by fission or sexually; in the latter case each worm containing both male and female reproductive systems copulates with another one. Among nematodes the earthworm is also hermaphroditic and copulation is required for reproduction. Clams, in the mollusc group, are sometimes bisexually constituted. Many common animals, including snails, earthworms, and leeches, are hermaphroditic and manifest this cross-fertilization while others, such as the liver fluke and some tapeworms, fertilize themselves. In the crustacea class of arthropods, the prawn is one of several hermaphroditic species.

Among chordates, male frogs of some species are found to possess rudimentary oviducts. The ascidian (tadpole) is usually hermaphroditic. In the lamprey, the gonad is differentiated relatively late so that in young animals the organ is bisexual and contains both developing oöcytes and spermatocytes. The hagfish similarly has a double-sex gonad. In the lungfish the Müllerian

duct, a structure which ordinarily persists in the female and disappears in the male, is found to be very well developed in the male. In female birds the right ovary is present in rudimentary form; if the left ovary is destroyed, however, the right differentiates to form a testis, the bird acquires cock plumage, and may tread and fertilize hens. In rabbit and mouse embryos, both the Müllerian and Wolffian ducts are present, indicating a hermaphroditic state. Hermaphroditism as a regular manifestation, embryologically and in the adult state, has already been alluded to in *Homo sapiens*.

This schema in the phylogenetic scale is fragmentary but I think sufficient to establish the fundamental point; namely, that hermaphroditism is widespread and harks back to the earliest phases of biological development. The gaps and deficiencies might be diminished by one with more expert knowledge of the field but at least two other considerations are involved: 1, paleontology may be unable to supply information about certain intervening forms in the phylogenetic scale because the organs concerned are soft tissue and, therefore, not detectable in fossils; and 2, embryologic studies which would afford evidence of hermaphroditism of an evanescent type may not have been applied to all existing forms. Presumably, the state of affairs found to exist in man also holds true for the order of primates closest to him.

If the foregoing is valid, then it would appear that hermaphroditism is an ancient and well-established feature in the reproductive scheme of things throughout nature and that Aristophanes' mythical account in the Symposium curiously mirrored the truth. There are, in fact, biologists, particularly those who lean heavily on Haeckel's biogenetic law, who believe that hermaphroditism is more primitive than the differentiated state because of the common early undifferentiated stage in development (2). If this is the case, then eros no less than the death instinct instigates a return to earlier phases of existence and operates through a repetition compulsion. Also, if the assumed end point for the death instinct is the state of inanimate



matter, the ultimate goal of eros would be the protozoan stage where hermaphroditism makes its appearance. It would lie at the border line between a presexual and a sexual form of life.

Clinical evidence of psychological hermaphroditism is often enough encountered in the course of analytic exploration, whether as dream, fantasy, symptom, acting-out behavior, or artistic creativity. Thus, masturbation may be found conceived of in fantasy as the union of male and female, the hand serving as the receptive organ. Autofellatio similarly implies the assumption of a dual role. The fantasy of illusory penis in women and of less frequently observed illusory vagina in men, the phenomenon of transvestitism, and menstruation and pregnancy fantasies or symptoms in males have the same import. In the practice of the *couvade*, in the myth of Eve's creation out of Adam's rib, or of Minerva's birth from the head of Zeus, the theme of hermaphroditism is clearly discernible. However interesting and suggestive this material may be, I would not consider that it has any decisive bearing on the thesis of this paper. Clinical evidence of self-destructive tendencies is abundant in the course of analytic work, yet it is not accepted as proof of the existence of a death instinct; in the opinion of many, alternative explanations for such manifestations exist. Starting with Freud, the problem has been considered a biological one and the proof therefor the task of the biologist. In the same vein, I think that the evidence of psychological hermaphroditism can be traced simply and directly to the bisexual constitution of man to which every analyst subscribes. But the proof of the thesis that sexual union among humans reinstates an ancient phylogenetic stage of functioning rests on biology, it seems to me, and must hinge on biological rather than clinical findings.

Supporters of the theory of a death instinct meet a troublesome question at this point. For if both death instinct and eros are in essence regressive in operation how does progressive development ever take place? This seems to be an impasse. Perhaps some such consideration as this led Freud to assume in

eros a uniformly progressive influence countering that of the death instinct. This may hold true so far as life itself is concerned, but it apparently does not hold true for sexual life. A solution might be approached if one abandoned the Fechner principle, which focuses exclusively on the aim of living matter to arrive at a stimulus-free state, and if one paid more heed to another, relatively neglected, aim of living matter—to seek out stimulation. Fechner's principle seems to ignore the fact that infants crave pleasurable stimulation and that adults, too, go to the theater, concerts, art exhibits, and the like, in order to be pleurably stimulated. Far from seeking relief from this type of pleasurable stimulation by a return to a stimulus-free state, human beings desire the pleasurable state to be prolonged and even distort their sense of time so that the experience is subjectively briefer in duration than in objective reality (12).

One other point, briefly mentioned here (to do it justice would require an exhaustive study in itself), is the suggestive correspondence between biologic and psychologic processes. The sequence, hermaphroditism—sexual individuation—sexual union, in the reproductive sphere, reminds us of an analogous sequence in the early development of the psyche: undifferentiated phase—differentiation—fusion. It suggests that a process, once found effective in the realm of biological functioning, subsequently, with a due regard for economy, is not only reutilized at higher levels of biological functioning but is transposed to the psychological sphere as well. The thought of other investigators that ego mechanisms of defense have as their prototype somatic reflexes and that certain of these mechanisms approximate so closely the incorporation-elimination aspects of 'taking in the good, spitting out the bad' performed by the pleasure-ego lends plausibility to such a conjecture (11).

It must be emphasized that since Freud originally introduced the term, repetition compulsion, its usage has been widened and it has been applied to a variety of repetitive phenomena (5). It should be clear from the context that the repetition compulsion discussed in this article is limited to the phenomenon described by



Freud in *Beyond the Pleasure Principle*, a compulsion which seeks to reinstate an ancient form of existence. With the broader use of the term, repetition compulsion is found to be operative in various manifestations of both kinds of instinctual drive, sexual as well as destructive. So far as I know, however, the operation of repetition compulsion, in the sense in which Freud used it, in the sphere of the sexual drive has hitherto not been established although the biologic findings strongly suggest it.

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# INDICATIONS FOR ANALYSIS AND PROBLEMS OF ANALYZABILITY

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## I

In 1960, Levin (10) published a provocative contribution to the subject of analyzability and the indications for psychoanalysis. He began his paper by asking what the analyst must try to ascertain about a patient during the period of the initial interviews. Genetic formulations cannot then be made because only as a result of the work of the analysis itself, when resistances are being overcome, is recall facilitated and are reconstructions possible. How much should the analyst be influenced by hearing from the patient at the outset of early traumatic events? The significance of the traumatic event cannot be assessed until the analysis has proceeded for some time. What constitutes a traumatic event involves a consideration of the developmental phase in which the event occurred, other factors that have contributed to the patient's neurosis—such as the quantity of affect that accompanied the event—, and the opportunity for discharge at the time of its occurrence. To be sure, that such an event is reported in the initial interview is not without significance. For one thing, it may be something the patient seizes upon to satisfy his need for an 'explanation', and may therefore be regarded as a resistance.

An illustration of the complexity of the problem of what constitutes the trauma in a given situation is given by Anna Freud (1). A child witnessed a fight between her parents resulting in the murder of her mother. Not until later in the analysis was it discovered that what was traumatic for the child was not the killing of the mother but rather that during the fight the mother had frantically shouted at the child to 'get out'. It was

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the mother's seemingly abrupt rejection that had been traumatic.

What has been said of traumatic events applies, I would think, to any of the patient's initial communications. Whether it be a segment of past history, or an aspect of the actual situation, it belongs among the associations in the determined chain of events of the patient's life, and the analyst must await the unfolding of its 'integrated significance'.

The assessment of the prospective analytic patient's ability to develop a transference neurosis is directly connected with the quality and nature of his object relationships. Two possible sources of confusion in Levin's observations should be noted here. One is that the patient's ability to 'relate' is not identical with his ability to establish a transference in analysis; second, a distinction should be made as to whether the failure to establish object relationships is due to an arrest in the development of 'object constancy', or to the existence of neurotic impediments.

Evaluation of the degree of narcissism may or may not be pertinent to the adequacy of object relationships, depending upon the nature of the narcissism. A tendency toward the re-establishment of a state of 'primary narcissism' is attendant upon the withdrawal of object cathexis with consequent impairment of relationships generally. However, a 'secondary narcissism' accompanied by a sense of self-esteem and in the service of self-preservation, may manifest itself in a positive and mature way. Certainly a person who is ridden with guilt and self-depreciatory feelings, with accompanying masochistic tendencies, will find object relationships fraught with many difficulties. The analyst's personal standards and values may influence his assessment of the nature and quality of the patient's object relationships: what the analyst himself deems to be a good object relationship need not necessarily apply to the patient—which is to say that criteria must be kept as objective as possible, and that a limited goal exists for each patient in the sense that object relationships are determined by the degree of persistence of infantile fixations weighed against the degree to which genital primacy has been or

can be achieved. By the time a patient seeks treatment he has often reached a point where he is so beset that he is preoccupied with his narcissistic needs to the exclusion of all else; nevertheless, some indication of the capacity to relate should be sought. An example is a patient who, finding himself in an incompatible marriage from which he could not extricate himself, could nonetheless discern that he and his wife might be happier in other marital relationships and that, despite their incompatibility, he respected her. The assessment of ability to sustain a good object relationship, and the factors that limit this ability, is an integral part of every analysis. Bearing in mind that the basic determinant of 'object constancy' is the mother-infant relationship, we realize that this assessment requires postanalytic rather than preanalytic judgment.

In estimating a patient's capacity to control his impulses, Levin speaks in terms of 'ego deficiency and impaired super-ego integration' with reference to patients 'capable of verbalizing but not executing'. A more basic matter here is the disparity between intellectual insight and the revelatory insight that causes alternation of habitual neurotic behavior. The reaction to an interpretation or reconstruction by an exacerbation of symptoms, or by acting out, is far greater. It would, therefore, be more accurate to attribute impulsive and uncontrollable reactions, especially in the early stages of an analysis, to resistance and to unconscious material that has not been educed. This applies also to acting out which is the enactment of an unconscious fantasy, usually in regard to the transference: as Freud (5) said of a patient's negative transference, '... the patient is not in fact disputing what has been said to him but is basing his contradiction upon the part that has not yet been discovered'. Impulsiveness and acting out followed by guilt should be viewed as an indication for further analysis rather than as a contraindication for it.

To measure the success of analysis by the tempering of the extremes of the patient's neurotic behavior is, to be sure, a most therapeutically desirable consequence of making the uncon-



scious conscious; but 'correct' behavior cannot always be the criterion of a successful analysis. The contending motivations of a neurotic conflict may have become conscious but there may remain a problem of choice for the patient. It is a common life situation that one may not know until one has made a choice, and experienced its results, whether it fulfils one's expectations. Assuming all the determinants that have influenced the choice were made conscious, there is always an element of risk in making any choice. The factor of choice is one of the variables in a given course of action. What proves to have been a 'wrong' course of action is not necessarily proof of an unresolved conflict, nor an episode of acting out.

Because of the adverse social consequences sometimes involved, there is a bias against impulsiveness and acting out; however, there are patients for whom a certain amount of acting out seems to be the only means by which a problem can be impressed upon them. They must get into difficulties as a prerequisite for becoming aware of it. For such patients 'knowing is doing' in the literal sense; before thinking something out there must be a preliminary action. Impulsiveness and acting out may therefore be viewed as symptoms, not as contraindications. Until the work of analysis progresses sufficiently the patient may have no other means of discharging tensions or expressing his conflict. Acting out is one indication for analytic investigation.

With regard to the disparity between insight and action, there are those patients who act correctly without insight. Such patients may present themselves as compliant and easy to work with. Often there is the ulterior motive of winning approval, of a defense against repressed hostility, or some profound masochistic need. Another type is the patient who does the right thing but does not know why he does it. Was all infantile rebellion systematically stifled in the patient? Perhaps this type of patient who too readily agrees to all circumstances of the analysis (fee, time, interpretations, etc.) without protest is revealing a defense against the id. Compliance may be substituted for insight. An extreme example of this is the 'as-if' personality, in whom sec-

ondary process elaboration is limited; the more commonplace example is the counterphobic conformist.

Assessing the capacity to verbalize, Levin states that '... those patients who are extremely blocked almost inevitably have serious difficulties in analysis and, if long silences persist, may not be analyzable'. The flaw in this statement is the fact that silence is not necessarily indicative of an inability to verbalize. Silence constitutes a blocking, but it does not belong to that category of blocking which is resistance in the strict unconscious sense of the term, in which the mind goes blank or some distracting train of thought intervenes as a flight from the problem under exploration. The most superficial reason for silence is reluctance to follow the basic rule, which in the beginning of an analysis is not easy. Initially it requires some practice. An inexperienced analyst who begins by prodding a silent patient, by urging or questioning him, may be one who is unable to tolerate silence and his need therefrom to relieve the patient of anxiety. As is sometimes observed, the uneasiness that mounts in a patient during short periods of silence may be sufficient to force him to break his silence. Rushing in to break the patient's silence not only risks becoming 'directive' but may interfere with the patient's spontaneous attempts to overcome his own resistance. This danger is greatest with passive-submissive patients for whom the process of working through is a corrective experience. Silence is a contraindication for analysis in certain borderline or schizophrenic patients who have difficulty in secondary process elaboration and in whom there exists an intrinsic impairment of communication. Such patients require some kind of 'relationship' therapy rather than analysis.

More of a problem than the silent patient is the one for whom talking is a resistance. Such a patient may be initially deceptive to the analyst who equates talkativeness with productivity. Excluding the patient whose verbosity is a symptom of anxiety, there is a type for whom factual verbalization is a resistance to fantasies. Nunberg (12) gave an example of such a patient who '... showed from the very beginning an astonishing willingness



for an understanding of the analysis. His associations flowed easily, and he produced important recollections.' This was a man whose mother had made him confide all his thoughts to her during his childhood, to which he apparently complied with great pleasure. His sexual thoughts and feelings about her, however, he kept secret. His analysis failed to progress until he was made aware that he was repeating his relationship with his mother in the transference and that he was insincere and untruthful about revealing his secret sexual thoughts.

Levin suggests that shame may be responsible for silence among certain hysterical patients and that if this feeling is too painful it may cause disruption of the analysis. Blocking on this basis he calls a 'phobic manifestation'. We usually speak of a phobic reaction in reference to severe anxiety displaced to an external object or situation, rather than to thoughts or memories that are shameful and which we would like to suppress. A patient of mine experienced painful shame in regard to a seductive episode with her father when she was a child. She later developed an agoraphobia in which the fantasy of incest played a significant genetic role; her shame, however, was associated with her guilt, and her phobia was a manifestation of anxiety lest on the street there occur a compulsive repetition of her traumatic childhood experience which she felt she had 'engineered'. When shame is a cause of silence it is not from fear of the emergence of an unconscious impulse. Because the impulse is conscious, it is rather that certain undesirable consequences may ensue by giving expression to it and that this, in turn, will give rise to more shame. The patient may fear that talking about the shameful matter will lead to acting out; that he will not be able to control his feelings once he gives expression to them. The anxiety is connected with a fear of loss of control rather than with the impulse.

Once the patient is induced to speak, however, some of the painfulness of the affect is relieved. Like unearthing a memory that has been repressed, it can be confronted and the fear of it dispelled. In the beginning of an analysis when a patient ex-

presses shameful reluctance, I have found sometimes that a simple remark to the effect that the analyst's function is to analyze rather than to judge may be helpful to the process of free association. There is a kind of magic in words, and for some obsessive patients they are equivalent to deeds; wherever words are a cause of anxiety, there is an unconscious action-fantasy behind the utterance. The analytic situation offers a means of controlling action by way of the basic rule; to think it out rather than to act it out. Verbalization can then become a stimulant to thought and insight rather than to action.

Every discussion of the indications for analysis must raise the question of what constitutes a satisfactory motivation. Levin cites examples of patients who come for extraneous reasons: a spouse is insistent; it is the thing to do, etc. There are many patients who need such a pretext to circumvent their resistance to beginning treatment, and an incidental reason may act as a primer to initiate the analysis. Often an external agency may be necessary (an incapacitating symptom may be a coercion), but it will not be sufficient to maintain an analysis to a satisfactory conclusion. Many candidates undertake personal analyses to become psychoanalysts rather than because of the immediate pressure of a personal problem. An incidental, secondary, or superficial reason for seeking an analysis might be viewed as analogous to the manifest content of a dream, and as an initial inability to admit the need for treatment. The fact that the patient comes, however, may be evidence of an unconscious recognition of this need.

In assessing the presenting symptomatology, Levin implies that the severity of the symptoms is a relative matter. A 'strong ego' (one in which the integrative and reality testing capacities are not defective) can withstand severe symptoms better than an ego easily overwhelmed by id impulses. An example is the obsessional patient who by expenditure of great energy is able to function despite plaguing compulsions. The severity of symptomatology in itself is no contraindication for analysis. Often it is the effective motivation, unless an adaptation to it has been made



either by way of a secondary gain (narcissistic satisfaction or appeasement of a superego), or if the symptom is the only outlet for instinctual gratification (masturbation among recluses). Levin cites a successful analysis of a severe obsessional who was able to look upon his symptoms with humor, an indication to the analyst of substantial synthetic ego function and ability to 'regress in the service of the ego'; I would add that the symptom had not 'captured' the patient's ego. I think we would have to say that symptomatology is not a reliable guide for assessment of analyzability. Like the manifest content of a dream, the full meaning of symptoms can only be determined upon analysis. As Anna Freud (3) remarked, 'At the beginning of analysis, before we have insight into the structure of a neurosis, it is impossible to predict how the patient will respond to treatment. There is no guarantee that two individuals with the same symptomatology will react similarly.'

Levin's final point has to do with current reality. 'One might start', he says, 'with the proposition that in order for a patient to be considered analyzable his external reality must be such that he is not being continuously subjected to a degree of external stress which is capable of maintaining a severe disruption in his ego equilibrium'. Although the patient's actual situation is never ignored, a psychoanalytic assumption is that, difficult as the external life situation may be, a resolution of the patient's neurotic conflicts enables him better to cope with the external difficulties with which he is faced. Even if nothing can be done to alter the external life situation, the insight that is gained from an analysis will be a positive influence in the patient's relationships to that inexorable reality. This is justifiable therapeutic optimism. Though the possibilities of changing environmental circumstances may be limited, they rarely constitute a contraindication. Preoccupation with the patient's actual situation is prejudicial to the analytic process and encourages avoidance of the 'internal reality' wherein the problems lie. Freud's dismissal of 'educational psychotherapy' was based on his observation that, given normal intelligence, a patient could be left

to solve his own external problems, provided he were freed from neurotic impediments; and Anna Freud (2) reminds us that 'we do not deal with the happenings in the external world *as such*, but with their repercussions in the mind'. Distressing reality may be the initial motivation for seeking analysis, but it may become for the patient the tangible evidence that it is his inner problems that are largely responsible for the difficulties he encounters. It is not, therefore, a reliable criterion either for or against analysis as the therapy of choice. We should bear in mind as a general principle that symptoms and actual conflicts are the effects of unresolved internal conflicts.

Discussing the question of a patient's chances of arriving at a workable solution of his problems upon the successful completion of analysis, Waelder (13) recalls the reply that Freud gave to a colleague who protested that it was no use expending effort in analyzing a spinster, since her marital and sexual opportunities were so limited. Freud cited a case that had confounded expectations, and remarked, 'For this the Lord Almighty has his own miraculous ways and He will never let you into the secret of them. . .'. There may be, to be sure, a serious question about the 'accessibility to solution' of a neurosis in which for some persons neurosis is the choice of a lesser evil; but as Waelder states, ' . . . such cases are very rare exceptions among applicants for psychoanalysis, rarer than they were half a century ago . . . presumably because psychoanalysis has meanwhile learned to deal with some of them'.<sup>1</sup>

## II

The basic considerations in establishing criteria for analyzability are predictions concerning the patient's motivation, the probable nature of the transference, and the quality of the patient's object relationships. Psychoanalysis is indicated when the aim

<sup>1</sup> In considering a child for analysis perhaps more initial consideration should be given to external circumstances because, for a child, sustaining an analysis may depend upon the stability of the parents and their willingness to coöperate in the undertaking. Analysis may not be possible for a child whose environment constantly threatens him with excessive stimulation, seduction, or physical injury.



is to ascertain the causes of the patient's psychopathology, and the nature and origins of his instinctual and emotional conflicts.

Psychoanalysis is not the treatment of choice for maladaptation from lack of self-discipline and inability to tolerate minimal frustrations. This applies to patients for whom re-education is a primary requirement, despite the concomitance of a neurosis. Those applicants for treatment afflicted by chronic extreme passivity which is ego syntonic may be considered devoid of substantial motivation.

Another group of patients for whom psychoanalysis seems to be contraindicated are psychotics and borderline cases. Discussing the treatment of atypical children, Anna Freud (4) indicated the need for a 'relationship' type of therapy before analysis in the classical sense is considered with children who from early infancy have suffered severe deprivation, and for whom a mother substitute is needed as a corrective experience. The therapist becomes an auxiliary ego, and an object with whom to identify. With borderline adults we may have to reconsider our scepticism, especially in cases where there is a substantial degree of well-established secondary ego autonomy expressed in intellectual or creative achievement.

Waelder (13) defines two groups of borderline patients: those who have odd traits of behavior but maintain tenuous object relations, and those in whom there is a critical awareness of paranoid ideas and hallucinations, and an attempt to fight them off. Waelder states: '... in dealing with these cases, psychoanalysis is therapeutically highly promising though the therapeutic result does not simply rest with the reintegration of the repressed as is the case in the analysis of psychoneurosis'. If such patients are given to intellectualization, this may be utilized, at least in the beginning, as a means of keeping inner processes under control and maintaining contact with reality.<sup>2</sup> This is analogous to the defensive intellectualization of adolescents. 'In the same

<sup>2</sup> The Wolf-Man is an example in point, as judged by the subsequent history of that patient. Cf., Gardiner (7).

way in which manipulation of ideas can serve as a defense against the buoyancy of instinctual drives, psychoanalytic interpretations can be used by the persons under discussion in their struggle against a threatening psychosis'.

A primary consideration is whether the nature and strength of a patient's motivation will sustain what an analysis requires in terms of sacrifice, frustration, and the mobilization of anxieties. A judgment that the patient is sufficiently motivated, together with the expectation of a 'workable' transference, provides the rationale for undertaking an analysis. The opinion in favor of an extended initial period of assessment is, in large measure, influenced by the desirability of ascertaining more rather than less about these two criteria.

Neurotic suffering and the conscious wish for cure are important factors in the initiation of treatment. When there is also a recognition on the part of the patient of impairment in his capacity for work and inhibition in his ability to love, *prima facie* evidence for analyzability seems established. The analyst should nevertheless reserve judgment because suffering is a negative motivation and, therefore, may not be sufficient to sustain an analysis. There should also be some positive indication that the patient has a need to understand himself, and that he has a wish for insight—whether this be a sublimation of libidinal curiosity about oneself or the synthetic functioning of the ego.

Nunberg (11) has referred to the effort of the ego 'to fuse diverging psychic forces' and to discover causal connections. Hartmann (8) shows that understanding and assimilation in analysis are required in addition to making what was unconscious conscious. He speaks of the ego's ability to make itself an object of thought in the same way that it directs its thinking to the external world. In this is implied its ability to discover new relationships and connections. This extends the meaning of synthetic function, in its broadest sense, to include in the ego a motivation by its own creativity. Hartmann says: 'The mere reproduction of memories in psychoanalysis can, therefore, only partly correct the lack of connection or the incorrect connection



of elements. An additional process comes into play here which may justly be described as a scientific process. It discovers (and does not rediscover), according to the general rules of scientific thinking, the correct relationships of the elements to each other.' It is this creative and synthetic proclivity of the ego that the analyst seeks to find as the ideal desideratum for analyzability. As a result of liberation of psychic energies by the removal of repressions, the way is then open for the ego to discover something new about object relationships, and the interactions between thought, affect, and environment. This activity of discovery is a creative process within the synthetic function of the ego, an activity for which the analytic situation affords an impetus.

Ideally, evidence of this proclivity of the ego should be the warranty for analysis. How then is this capacity to be detected, much less initially assessed? Although we may be unable to answer this question directly, let us restate that a neurosis is fundamentally the result of an internal conflict. What we may therefore seek to ascertain is the patient's awareness, however dim, that his problem is essentially within himself, regardless of external circumstances. Is he inclined to look within himself for the determinants of his feelings, thoughts, and behavior; and can he think in terms of how much his reactions influence his relationships? If projective self-defense prevails, the patient may be assumed to be refractory to the attentive self-inspection that analysis requires. Among such instances are neurotic character disorders with paranoid defense mechanisms. Other patients who are rich in experience are poor in judgment: their traits of ostensible extroversion serve to avoid introspection and the analysis is expected to provide a proper course of action to correct the 'something that went wrong', the reason for seeking treatment. What is required for insight is a balance between the discerning and experiencing functions of the ego. The analyst's judgment of a prospective patient requires a prediction about the possibility of a cathexis of both functions in the analytic situation.

When in the course of an analysis old, repetitive strivings

are relinquished and replaced by new ones, it may be asked whether they were not always present in the unconscious and had never completely lost their cathexis. Waelder (14) questions the possibility of remotivating a patient after cathexis has been transferred to other objects and strivings. He uses the metaphor of poking around in ashes seeking live coals with which to start a fire, and he makes the distinction between inhibition and the absence of a goal (motivation). In the course of analysis, it is reasonable to assume that not only are repressed motivations revived but that new ones will appear. Events of past and present come to be understood differently, and new orientations develop. The mature ego in confronting the task of re-experiencing events in the analytic situation records and reacts in a way that involves new thinking. The discerning ego in the working-through process also performs a creative task which may express itself in the discovery of new motivations which were previously nonexistent.

If the nature of the transference were predictable, perhaps one of the main problems in regard to analyzability would be solved. That the patient will develop a transference which will promote rather than obstruct the analytic process cannot be taken for granted. Nunberg contrasts the patient who 'transfers' with the patient who attempts to 'transform'. In the former—by means of displacement and projection—the patient succeeds 'in getting an identical picture' of the original love object through the medium of the analyst, and thereby re-experiences the past relationship; whereas the other type seeks to transform the analyst into a person in the past. Nunberg cites a patient who attempted to make him be and act like her father which led only to frustration. She was incapable of re-experiencing and comparing her past with the present in the analytic situation; she could seek only to re-establish the past: 'The particular fixation to her father created the wish to find his reincarnation in the person of the analyst, and since her desire to transform the latter into a person identical with her father could not be fulfilled, the attempts to establish a working transference were futile' (12).



The attitude that a patient displays toward his presenting problem may afford some indication of how he will react in analysis. He should be expected, first of all, to formulate what he thinks his problem is with indications that he has given it troubled thought without arriving at a satisfactory conclusion. This tells nothing, however, about his resistances, of which some idea may be obtained by superficial observation of the defenses he employs. Phobic reactions, temporary regressive measures, or simple denial suggest a more favorable prognosis than do rationalizations and projections. The nature of his attempts to cope with his difficulties should reveal in some measure whether he is actively or passively oriented. The 'repudiation of femininity' was noted by Freud (6) as important in interminable analysis; and it may also be applied as a prognostic criterion. For males masculine strivings must prevail, and in females the demand to have a penis cannot be an incontestable claim.

It is important to be able to believe that the patient is capable of sufficiently altering himself to effect changes in his environment. When a person has to make a choice in which either alternative necessitates a compromise, adaptation has pertinent meaning. Either unfulfillable wishes are clung to with all the rancor of frustration, or a realistic revision of needs is made within the limitations imposed by external circumstances.

Perhaps those who are interested in the research aspects of psychoanalysis are less concerned about criteria favoring optimum therapeutic results. Anna Freud (3) has said that if there is doubt concerning analyzability, our bias should be in favor of analysis. If properly conducted it will do the patient no harm and at least be of research value; at best it will yield surprisingly favorable therapeutic gains.

Without some substantial degree of sustained object constancy in the infancy of the patient the transference will founder or fail to materialize. Perhaps the degree of defectiveness in the duration, quantity, or quality of object constancy establishes the limits of analyzability. A person's earliest object relationships may provide a reliable basis for an assessment of his analyzability if, for example, he was reared in an orphanage, suffered

extraordinary deprivations, and other severe traumata; one must then estimate carefully whether a 'replacement' or a 'corrective' therapy is indicated. We do not know enough about the traumatic effects of inadequate mother-child relationships to predetermine with any accuracy the extent to which such deficiencies produce irreversibly defective object relationships.

The problem of analyzability may be that of predictability itself. Although it is desirable to predetermine, and with some degree of probability, that the patient is analyzable, this may not be feasible in many instances. Marianne Kris (9), in discussing prediction, notes that preanalytic data are different in quality from analytic associations. 'Our data', she said, 'were not derived from an analytic contact; the repressed and unconscious material which would have been helpful was not available to us'.

Should one undertake a dubious analysis and risk failure; or miss an opportunity to succeed where there is reasonable doubt? Perhaps therapeutic optimism should prevail and analytic investigation be accepted as the task in one's hands.

#### DISCUSSION BY SIDNEY LEVIN, M.D.

As I understand it, Aarons' main thesis centers around the proposition that the initial evaluation of analyzability is bound to be difficult because it requires evaluation of hidden potentialities, such as the creative and synthetic proclivity of the ego.

I shall start with a simple premise: when we evaluate a patient for psychoanalysis we make, among other things, predictions concerning the patient's analyzability. The issue of developing criteria of analyzability is based upon a desire to limit errors in these predictions. Let us first ask ourselves whether we have any data concerning our over-all predictive ability. A pilot study conducted at the Boston Psychoanalytic Society<sup>3</sup> undertook a survey of prediction on a series of thirty patients. The procedure consisted of rating reports of the initial interview on a nine-point scale according to the estimate of the degree of the patient's analyzability; then an estimate—using the same scale—of these patients after one year or more of analysis. The rating of predictability was unusually high.

<sup>3</sup> Knapp, Peter H.; Levin, Sidney; McCarter, Robert H.; Wermer, Henry; Zetzel, Elizabeth: *Suitability for Psychoanalysis: A Review of One Hundred Supervised Analytic Cases*. This *QUARTERLY*, XXIX, 1960, pp. 459-477.



From a statistical point of view, the odds were one in one thousand that the opinions could have been the result of chance. Notably, there was also a high degree of agreement among the independent ratings of the five members of the group. The conclusion was made that experienced clinicians are able to assess suitability for analysis fairly well in advance; nevertheless, we made several errors.

The next questions proposed are: How often do experienced clinicians make major errors in predicting a patient's analyzability? How often are analyzable patients rejected for analysis? How often are nonanalyzable patients accepted for analysis? Two years ago I conducted a small study in which six analysts—who had been practicing psychoanalysis for from six to ten years—were interviewed to determine what types of cases they had terminated as nonanalyzable. From these six analysts I could collect only sixteen cases which had to be terminated as nonanalyzable. The small number of such cases among these analysts indicates their ability to select cases suitable for analysis.

The sixteen cases collected fell into two groups: 1, four cases which had to be terminated within a few months after starting analysis because of excessive anxiety, depersonalization, or increased depression induced or intensified by the analytic situation; 2, twelve cases terminated within periods of from one to three years because of difficulty in verbalizing, excessive orality, or paranoid tendencies. Several patients were severely blocked in communicating; among the others the content was very restricted. The cases with excessive oral fixations were chronically querulous or demanding in the transference, persistent in their efforts to exploit the analysis for infantile gratification. There was no clear line of differentiation between this type and those patients who were described as having paranoid tendencies.

These findings indicated that only a few of the errors which the analysts made pertained to predicting the patient's capacity to tolerate the analytic situation. Most of the errors had to do with predicting the patient's inability to communicate, inability to relinquish the familiar gratification of infantile fixations for unknown rewards of maturity, and inability to relinquish paranoid mechanisms. It is also worth noting of the sixteen unsatisfactory cases, all but one were considered to be strongly motivated toward analysis both before and during analysis. In answer to questioning as to what features of the initial interview might have warned them concerning the difficulties which they encountered, the analysts mentioned immediate demands upon the analyst, provocative or distrustful attitudes toward the analyst, and unrealistic attacks directed toward previous therapists. In none of the cases did the analyst anticipate the development of severe blocking which many of these patients later manifested.

Many of these points are brought out in Aarons' paper. Freud,<sup>4</sup> in describing female patients who demand direct gratification of infantile cravings in the transference, stated: "These are women of elemental passionateness who tolerate no surrogates. They are children of nature who refuse to accept the psychical in place of the material, who, in the poet's words, are accessible only to 'the logic of soup, with dumplings for arguments'."

<sup>4</sup> Freud: *Observations on Transference-Love* (Further Recommendations on the Technique of Psychoanalysis III) (1915). Standard Edition, XII, p. 166.

We cannot predict that a certain patient will seek only to gain infantile gratifications from analysis. The very fact that we raise the question fixes it in mind in our evaluations. It has been my experience that the patient whose basic orientation toward others has followed the formula, 'I have a right to have what I want', requires most cautious consideration.

I have mentioned elsewhere [Cf., Ref. 10] that some of the difficulty in predicting severe blocking appeared to be due to the tendency of the examiners to counteract silence by repeated restimulation in the form of questions and other active maneuvers. I therefore suggested that we might better evaluate the patient's capacity to verbalize if we tried to avoid prompting and restimulation for a significant trial interval during the initial interviewing. I have found this procedure useful.

A diagnosis of borderline disorder is not, I agree, of itself a contraindication for analysis, especially in those patients who show a substantial degree of secondary autonomy with considerable intellectual and creative achievement. I am reminded of the number of reports of the successful treatment of such patients presented in seminars at the Boston Psychoanalytic Society and Institute.

Aarons has raised the question of the value of history of early childhood in predictive evaluations. I have observed that child analysts in interviewing adult patients are more apt to investigate the childhood history, and I have become impressed with the predictive value of their efforts—one of the reasons I recommend greater care in obtaining a past history.

Regarding Aarons' opinion that the assessment of object constancy usually remains for postanalytic rather than for preanalytic judgment, I believe he would agree that with increasing experience analysts develop greater accuracy in such assessments. In our pilot study it was noted that the analysts had higher degrees of predictive ability in proportion to their seniority—the more experienced analysts were better able to predict the potentiality for object constancy.

It is generally accepted that when fixations and regressions are resolved through analysis, certain curative forces are released which lead to recovery. Edward Bibring<sup>5</sup> summarized these curative forces: 1, the forces of instinctual tension and instinctual developments; 2, a 'biological sense' which refers to certain basic tendencies of the ego and superego; 3, the synthetic function of the ego. As Aarons has clearly stated, it is difficult to predict accurately the result of releasing these curative forces; however, the fact that an analyst cannot predict the result does not prevent him from being able to predict that the patient will respond with benefit to the analytic process.

Although it may be difficult to predict a patient's potentialities for growth, we often make fairly accurate inferences concerning such potentialities. Even such subtle indices as the quality of a patient's sense of humor may at times be used for drawing such inferences [Cf., Ref. 10]. Aarons mentions several such indices: 1, evidence that the patient has given his problems 'troubled thought'; 2, a patient's inclination to look within himself for the determinants of his feelings, thoughts, and behavior; 3, a proper mixture of alloplasticity and autoplatic-

<sup>5</sup> Bibring, Edward: *Symposium on the Theory of the Therapeutic Results of Psychoanalysis* (1936). Int. J. Ps., XVIII, 1937, pp. 170-189.



ity; 4, a patient's ability to direct his energies with a minimum of rebellion and with an optimum of persistence.

It is my opinion that in many instances the basic questions about analyzability can be answered before analysis; however, in those instances in which analyzability is not contraindicated but cannot be predicted, trial analysis is the only resort.

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# PSYCHOANALYSIS AND HISTORY

BY FRITZ SCHMIDL (SEATTLE)

The disciplines of psychoanalysis and history have a great deal in common. In his paper, *On the History of the Psychoanalytic Movement*, Freud stated: 'It appeared that psychoanalysis could explain nothing current without referring back to something past' (13). With a minor modification Freud's statement could be a motto for any book on history. In a part of his daily work the psychoanalyst is a historian interested not only in the vicissitudes of his patient's life but also those of the patient's family and his environment. The historian, even if he tries to limit himself to reporting facts, will inadvertently, by the choice of facts reported and by their sequence, suggest an interpretation. 'The facts of history', says Hans Meyerhoff, 'invariably appear in a context of interpretation' (28). Almost two hundred years ago the historian, Wegelin, felt that history should be based upon psychology. He added the recommendation that the historian should look not only into clearly conscious motives and goals of the acting persons but also into 'unclear wishes or passions' (17).

In both psychoanalysis and history the question as to whether the method is to be classified as science or art has been the subject of discussions and controversies. In psychoanalysis some have put the main emphasis upon the establishment of laws which would make scientific predictions possible. Others have felt that the central task of the analyst is to understand the individual patient. Similar discussions have taken place in history. For example, the great Dutch historian, Johan Huizinga, has taken exception to Karl Lamprecht's idea that 'all historical study should lead to the formulation of general concepts'; Huizinga stressed the significance of 'intuition and re-experiencing' (20). In both fields the raw material of investigation is practically infinite. The selection of the meaningful is one of the most significant, if not the most significant problem. In



psychoanalysis this selection depends to a great extent upon the complaint which brought the patient into treatment. In history the selection depends on the interests of the historian and of his audience. Through long periods history served the purpose of glorifying kings and generals; hence the emphasis on events at court and on wars. If, following Philip Rieff (32), we consider ourselves as living in a period of 'psychological man', our historians will have to help us understand the past in terms of human motivation. The principle of multiple causation is necessary in the explanations of the psychoanalyst as well as in those of the historian.

In view of these considerations one might expect extensive contact between the two disciplines. Yet psychoanalysts, though accustomed to applying their science and method to fields outside psychoanalysis, have only rarely dealt with history. Franz Alexander, discussing some of the problems of the application of psychoanalysis to history, warned against the 'application of the psychological knowledge of single persons to the fate of nations as they evolve in the wide perspective of history' as well as against one-sided interpretations of human motivation (1). Unlike Alexander, Raymond de Saussure dealt less with a critique of the application of psychoanalytic methods to the study of history than with rather far-reaching suggestions for a psychoanalytic study of society based upon a specific frame of reference where 'individual structures' are put into juxtaposition with 'social reactions' (8). De Saussure discussed 'macroscopic interpretation of history' where 'every analyst has followed his intuitions'. His ideas about 'microscopic interpretations of history', particularly his recommendations that psychoanalytic methods be used in order 'to describe the interplay of different layers, their political beliefs, their family structures and conflicts', seem to be rather Utopian. One cannot expect information that could be used for a psychoanalytic study of all these phenomena to be available to the student of history.

William L. Langer, in a presidential address delivered to a meeting of the American Historical Association in 1957, ad-

monished his colleagues to make more use of psychoanalytic methods (25). H. Stuart Hughes, criticizing the historian's 'intuitive' or introspective method of trying to understand human motivation, said: 'Psychoanalytic theory offers a more coherent set of explanations, with which historians are just now beginning to reckon' (19).

While these are encouraging utterances, the contact between psychoanalysis and history, up to the present time, has been only casual and frequently unsatisfactory. It is the purpose of this paper to inquire into the difficulties which have prevented a closer relationship between the two disciplines, to develop some ideas which may bring psychoanalysis and history closer together, and to deal with the specific problem of the relation between psychoanalysis and scientific history.

In order to discuss the relation between psychoanalysis and history it is necessary to establish a clear-cut distinction between philosophy of history on the one hand and scientific history on the other. Bert F. Hoselitz defines the former as 'a consideration of the ultimate forces which determine historical developments' (18). The scientific historian, according to Leopold von Ranke, follows 'the undoubtedly supreme law of strict presentation of the facts, contingent and unattractive though they may be' (31). Freud and some of his followers have made significant contributions to the philosophy of history. Totem and Taboo, Group Psychology and the Analysis of the Ego, The Future of an Illusion, Civilization and Its Discontents, and a number of articles contain ideas which had, and still have, a tremendous influence on our thinking about the development of mankind. In recent years such writers as Norman Brown, Marcuse, Rieff, and Trilling have used this rich material as a point of departure for interesting elaborations and new ideas (4, 27, 32, 36).

Psychoanalytic contributions to scientific history, on the other hand, are rare. Freud dealt with biography, a special field within scientific history, in his essay on Leonardo da Vinci (10). His interest in this subject, however, was based more upon an



elucidation of the problem of homosexuality than on historical fact finding. In his book, *Moses and Monotheism* (15), Freud established the hypothesis that Moses was of Egyptian origin and that he brought to the Jews religious ideas which originated in Egypt during the reign of Amenhotep IV. In the chain of thoughts which led Freud to this hypothesis a number of ideas stem from psychoanalysis. One is the assumption that in all cases where we find the particular story about the birth of the hero, which Otto Rank dealt with, 'the first family . . . is the fictitious one: the second family is his real one'. Another is Freud's conviction, gained from psychoanalyses of patients, that in tradition we always have to count on distortions; in the book itself, Freud stated: 'To my critical faculties this treatise . . . seems like a ballerina balancing on one toe'. The decision whether or not Freud's historical ideas about Moses are a valuable contribution is one to be made by historians. Yet the Moses book contains ideas of a more philosophical nature, particularly those of the 'progress in spirituality' of the Jews and of the characteristics of 'great men' which seem to be of more permanent value than Freud's treatment of the concrete historical problems.

Philip Rieff, attempting to explain why Freud and his followers paid comparatively little attention to concrete historical problems, said: 'For Freud psychological knowledge was the only necessary data; history was not evidence but exemplification'. Rieff also thought that 'Freud the social theorist, so far as he was identical with Freud the natural scientist, showed the traditional positivist eagerness to eliminate the challenge of history by finding lawfulness in nature' (32).

Though these ideas have merit, they do not fully explain why there has been so little meeting of the minds of psychoanalysts and historians. Severe difficulties are encountered when psychoanalytic methods are applied to any other discipline and they are particularly disturbing when applied to history. Looking at any phenomenon psychoanalytically means investigating it from the point of view of unconscious motivation. In principle, psychoanalysis is the only method which allows us to investigate

the unconscious. This implies that psychoanalytic exploration of the unconscious requires a living subject undergoing analysis. Ernst Kris has stated: '... only extended analysis leads to repressed psychic material, to motivation from the id—and only this allows full demonstration of the interaction and interconnection of elements derived from various stages of awareness' (23). The material available to the historian does not allow for such dynamic demonstration of unconscious motivation.

Ludwig Jekels, in *The Turning Point in the Life of Napoleon I* (originally published in 1914), was one of the first to attempt to use psychoanalytic understanding to solve a concrete historical problem (21). Napoleon, an ardent Corsican patriot from childhood, had expressed great admiration and affection for Pasquale Paoli, an important leader in the Corsican independence movement. But in 1793, shortly after the execution of Louis XVI, Napoleon suddenly turned vehemently against Paoli. After that Napoleon, who had previously hated the French because of their opposition to Corsican independence, became a French patriot. August Fournier attributed this change of mind to Napoleon's boundless ambition and despotic nature.

In the introduction to his article Jekels said: 'Historical research . . . should borrow from, or yield to, the methods employed by psychoanalysis which, more penetrative, can continue the task where other kinds of investigation fail'. Jekels considered Napoleon's 'rupture with Paoli the psychological moment in which the Napoleon we know from history was born and formed'. He discussed Napoleon's love for his mother and ambivalence toward his father and introduced interpretive equations, such as: 'the fatherland is a cover representation for the mother, and . . . love of the fatherland, strictly speaking, signifies love of the mother'. He finally arrived at the conclusion that 'the King's execution . . . gave reality value to the essential part of his [Napoleon's] œdipus fantasy, from which it naturally follows that, by rallying to France, he was able, symbolically, to possess the liberated mother'. Jekels stated that 'although we have no authentic testimony for this, it neverthe-



less seems to me clear, for psychological reasons, that Napoleon's final and open animosity to Paoli can only date from the time the King was beheaded'.

Jekels' method gives rise to a number of objections: 1, the available material is so sparse that Jekels' interpretation must be considered too speculative; 2, psychoanalytic experience has shown that equations such as fatherland equals mother cannot safely be used unless they are substantiated by dynamic material coming from the analysis of the subject; and 3, the interpretation is based mainly on the concept of the œdipus complex and this phenomenon is too universal to be used for interpretation of a historical vicissitude. Brian A. Rowley, in *Psychology and Literary Criticism*, observed that it is 'the tendency of psychoanalytic criticism to reduce literature to its lowest common factor, which usually turns out to be the œdipus complex' (33). This statement could be applied to many works of applied psychoanalysis, particularly those of the infancy of the discipline. At that time the concept of the œdipus complex was considered revolutionary and to demonstrate œdipal elements in different fields of human life and experience added support to its validity. We cannot blame historians, who aim at as much scientific verification as possible, for not accepting the kind of interpretation offered by Jekels in spite of the interesting and ingenious ideas expressed.

The most significant recent psychoanalytic contribution to history is Erik H. Erikson's *Young Man Luther; a Study in Psychoanalysis and History* (9). In this book Erikson interprets young Luther's development with particular emphasis on emotional crises in early adulthood. As the subtitle indicates, only part of the book deals with the historical aspect. Concerning the methodological problems, Erikson states: '... a clinician's training permits, and in fact forces him to recognize major trends even where the facts are not all available; at any point in treatment he can and must be able to make meaningful predictions as to what will prove to have happened, and he must be able to sift even questionable sources in such a way that a coherent

predictive hypothesis emerges'. After discussing the verification of such a hypothesis in psychoanalytic treatment he continues: 'In biography, the validity of any relevant theme can only lie in its crucial recurrence in a man's development, and in its relevance to the balance sheet of his victories and defeats'. This opinion parallels that expressed by John A. Garraty in *The Nature of Biography* where he showed appreciation for Freud's work on Leonardo, warned against psychoanalytic interpretations based upon insufficient material, but felt that psychoanalysis can help the biographer when 'evidence is plentiful' (16). Erikson arrived at his interpretations mainly on the basis of three crucial occurrences in young Luther's life: the vow to become a monk made in a thunderstorm; the fit when he 'suddenly fell to the ground in the choir of the monastery at Erfurt, "raved" like one possessed and roared with the voice of a bull, "It isn't me" '; and the experience in the tower of the Augustinian monastery in Wittenberg when he suddenly became upset about a sentence in the Scriptures. Concerning this last experience, Luther subsequently said 'he felt himself to be reborn'.

Erikson discussed these events and their ramifications within the frame of reference of identity conflict which he had introduced as part of psychoanalytic ego psychology. Repeated reference is made to conflicts between Luther and his father and the ensuing conflict between the father on earth and the father in heaven. Though the historical information on Luther's father is meager, Erikson interpolates ingenious interpretations. For example, since the older Luther was a miner, he refers to what he considers the typical psychology of a miner and states: 'Miners rape and rob the earth of its precious substance without cultivating its fertile coöperation'. He is aware that the three occurrences may be only legendary since there is little evidence regarding them.

The reactions to Erikson's book are revealing. While psychoanalytic reviewers accepted it as a major contribution, historians, by and large, have ignored it. Only one, Roland H. Bainton, who had also published a biography of Luther, reviewed it (2). He felt that it contained many interesting details



but rejected the main interpretations as based upon insufficient evidence. According to Bainton, our scanty knowledge about Young Luther does not warrant psychological interpretations. One must concede that Erikson's interpretations are important additions to his work on identity but they do not, however, fulfil the requirements for evidence which the scientific historian demands. The psychoanalytically trained reader is often ready to accept interpretations if they seem plausible but the historian is convinced only if interpretations are offered on the basis of sufficient factual material. Hence, he tends to complain about statements which, as Merle Curti pointed out in a presidential address to the American Historical Association, seem 'unintelligible to all but the initiate' (7).

How can the psychoanalytic method be used in history with a greater degree of reliability and validity? Some ideas developed in an article by Siegfried Bernfeld, *Psychoanalysis and Gestalt Theory*, seem to be helpful. He pointed out that 'beginning with *The Interpretation of Dreams*, Freud operates with "gestalten" in a sovereign way, but in that terminologically free and yet precise manner which is characteristic of his thinking'. Later Bernfeld commented: 'psychoanalysts use the criterion of "gestalt" in their daily practice' (3).

Many of the gestalten developed by psychoanalysis could be of great help to the historian in the interpretation of human motivation. This is particularly true of gestalten—they could also be called psychological configurations—where certain observable behavior has been found to have a typical unconscious meaning. A few examples will illustrate: Psychoanalysis teaches that a relationship based upon latent homosexual feelings typically leads to ambivalent behavior. The person attached to one of the same sex is likely to vacillate between expressions of affection and expressions of resentment, even hate. The latent homosexual, following libidinal strivings, may feel affection but reaction to certain socially and individually unacceptable tendencies (aggressive as well as libidinal) may produce pathological resentments and hatred.

In another of the early attempts to use psychoanalysis for the

understanding of history, Ernest Jones, in 1913, discussed the relationship between Napoleon I and his younger brother Louis (22). He found documentary evidence for the fact that Napoleon and Louis lived together for a number of years and that the older brother took responsibility for the younger one's education. Josephine, Napoleon's first wife, made the following statement about Louis in a letter: 'He loves Bonaparte as a lover does his mistress. The letters he wrote to him when he left Egypt are so tender as to make tears come to one's eyes.' Yet the relationship between the two brothers, as it developed over a number of years, showed a sequence of contradictory features. In 1806 Napoleon made his brother King of Holland. Louis accepted the throne but soon began to work against his benefactor. He abdicated in 1810 but wanted to return in 1813. Though Napoleon at one time became so enraged by Louis's conduct that he threatened to have him arrested, only a few weeks later he received him in Paris with love and friendship. Unlike Jekels, who felt that historical research should yield to the methods employed by psychoanalysis, Jones was aware that psychoanalysis can only fill some gaps in historical knowledge. He called his paper 'an attempt . . . to increase our understanding of this [Louis's] attitude by adducing some psychological considerations regarding Louis's personality'.

The method used by Jones differs from those applied by Jekels and Erikson. The latter two interpreted single clues known from history as if in the dynamic process of psychoanalyzing. Jones isolated a certain behavior pattern in the relationship between Napoleon and his brother Louis, i.e., mutual attraction followed by a series of acting out of ambivalence on either side. He knew from psychoanalysis that this behavior pattern is typical and based upon unconscious processes. He operated more safely than Jekels and Erikson because the basis for his interpretation was knowledge of a consistent observable pattern rather than single clues. He showed that the gestalt of the relationship between the two brothers resembled the typical gestalt of two persons who are attracted to each other by latent homosexual feelings.



A recent attempt to use psychoanalysis for the elucidation of a historical problem used a similar method. Written by the historian, William B. Willcox in collaboration with a clinical psychologist of freudian orientation, Frederick Wyatt, this article dealt with some psychological problems in the life of Sir Henry Clinton, the commander-in-chief of the British Army in the War of American Independence (38). Clinton had left almost two hundred volumes of correspondence, notes, and other writings which are now in the possession of the library of the University of Michigan. Unfortunately, according to the authors, the 'information about the first forty-five years of his life is woefully inadequate'. Aware that their findings would be only tentative, Willcox and Wyatt methodologically tried to find a 'recognizable psychological pattern' in the material at their disposal. On the basis of their studies they felt that there were some features in Sir Henry Clinton's life which resembled the pattern described by Freud in his paper on 'those wrecked by success' (14). The clinical material in this paper presented the gestalt of a person who concentrates all his energy on one goal and completely breaks down after the goal has been reached. It seems to me, however, that Sir Henry Clinton, as discussed by Wyatt and Willcox, failed to show, on the one hand, this kind of single-goal-directed ambition and, on the other hand, did not really break down after becoming commander-in-chief. Therefore, I cannot agree with the authors' interpretation though the essay has great merit from the point of view of methodology. Their use of psychoanalysis for better understanding of a biographical problem is similar to the method used by Jones in his paper on Napoleon and his brother Louis. Willcox and Wyatt do not attempt to interpret data as symbols; they look for patterns of behavior resembling that which, according to psychoanalytic knowledge, is likely to be based on certain unconscious dynamics.

The above examples give a general idea of the relation between psychoanalysis and scientific history. However, the criteria which allow for the use of the psychoanalytic method in

historical studies can be considered in more detail. In a paper on validation of psychoanalytic interpretations I attempted to draw attention to the fact that any psychoanalytic interpretation is based upon the fitting together of two gestalten (35). I referred to two case examples in Freud's Introductory Lectures which show how a specific symptom corresponds exactly with some vicissitudes in the patient's life history. In one example Freud concludes the discussion by saying: 'There could not be any doubt about the connection between the current obsessive act and the scene of the wedding night'. In addition to the significance of gestalten for interpretations, they also play an important role in the way in which any material produced by a patient is comprehended and remembered by the analyst. The tremendous number of single facts, ideas, or fantasies that come to light in an analysis would not make any sense at all if they would not organize themselves into gestalten. It seems likely that the analyst's activity when, following Freud's advice, he uses 'free-floating unconscious attention' consists to a great extent in forming gestalten out of the material presented by the patient. Some of these gestalten will consist of observable facts such as certain typical configurations of personal relationships. The historian, trying to avail himself of psychoanalysis as an aid to the understanding of human motivation, will find it necessary to use these gestalten because he is likely to find evidence for them. Thus, John A. Garraty's statement that psychoanalysis can help the biographer 'if evidence is plentiful' could be reformulated, 'if evidence shows gestalten which are known to psychoanalysis and can be understood psychoanalytically'.

Here one might ask the question: Where can the typical psychoanalytic gestalten be found which would be of use for the interpretation of historical phenomena? The most significant gestalt in psychoanalysis is the triad—father, mother, child—based upon the idea of the *œdipus* complex. This was noted by Malinowski when he said: '... the whole freudian drama is played out within a definite type of social organization, in the narrow circle of the family, composed of father, mother,



and children' (26). But this gestalt is so universal, so unspecific, that it becomes meaningful only when specific features are known in detail. Freud dealt with a number of constellations, originating from the œdipus complex, which constitute gestalten specific enough to be useful for the understanding of unconscious human motivation. In his two Contributions to the Psychology of Love, he discussed the type of man who has a strong impulse to 'rescue' the beloved and the one who loves only a woman who belongs to another man (11, 12). In *Some Character-Types Met With in Psychoanalytic Work*, Freud presented the gestalten of 'those wrecked by success' (which Wyatt and Willcox used in their essay) and of the 'criminal from a sense of guilt' (14).

Many of Freud's followers have added gestalten, e.g., Otto Rank who elaborated on some of Freud's ideas in a paper on the Don Juan gestalt (30). Rank also set forth some typical gestalten in mythology (29). Ernst Kris and Otto Kurz made a study of typical gestalten in legends about artists (24). Freud used the words 'types' or 'character types'. The more general expression 'gestalt', however, goes beyond the characterization of one individual and applies also to relationships between two or more persons such as the mutual latent homosexual relationship described by Jones in his paper on Napoleon and his brother. Within the framework of this paper no attempt can be made to give a comprehensive list of the typical gestalten which have been developed by psychoanalysis. It must suffice to say that psychoanalysis provides an extensive inventory of gestalten which allow for a typical interpretation of unconscious motivation.

While such gestalten are mentioned and explained in psychoanalytic literature, historians have also dealt with similar gestalten, though frequently without realizing their deeper meaning. For example, in his first book of Greek history, Herodotus reports that Candaules, a king of Lydia, had a beautiful wife, Rhodope. Candaules became obsessed with the idea that he must convince his friend Gyges, the general of his army,

that Rhodope was the most beautiful woman on earth. Despite Gyges's resistance he persuaded him to hide behind a curtain in Rhodope's bedroom so that he could see her in the nude when she left her bath. Although precautions had been taken, Rhodope saw Gyges. The following day she asked him either to kill himself or to kill Candaules and marry her. Gyges decided upon the second alternative and, in this way, became Rhodope's husband and King of Lydia.

Bertrand Russell called this 'an amusing story' and praised Herodotus for 'not being deterred by any scruples as to the dignity of history' (34). Neither he nor various historians who have mentioned the Candaules-Gyges story seem to have been aware of its unconscious meaning which the psychoanalyst will certainly realize. Candaules' 'folly' (as it has been called by some classicists) presents a gestalt of psychological significance related to some types of erotic behavior described by Freud in the second of the Contributions to the Psychology of Love. While it may never occur that a husband or lover acts exactly the way Candaules did, we know that the giving away of the beloved woman to a male friend is a rather frequent phenomenon in the life of men with strong latent homosexual tendencies. From the point of view of the historian it would seem important to realize that Herodotus, in relating the story about Candaules and Gyges, was not indulging in mere gossip, but was reporting an incident—or, for that matter, a legend—which is psychologically interesting.

If historians should become more interested in the contributions of psychoanalysis they might find a number of situations in history which cannot be explained on the basis of so-called commonsense psychology. For example, the motivation of persons who commit murder for political reasons. In a study of John Wilkes Booth, Philip Weissman explained the murder of Lincoln as the result of a paranoid delusion in which Lincoln was unconsciously a substitute for the murderer's brother, the famous actor, Edwin (37). Historians in a discussion of this paper, could not accept Weissman's argument for a number of



reasons, particularly because of a factual error in the presentation of the historical data. Yet they admitted that, in many instances, they themselves use unspecific words like 'deranged' to characterize a political murderer. Regardless of whether Weissman's interpretation is correct, the problem of motivation for political murder is an important one for the historian. It would prove helpful to him if, by inquiring into many cases known from history or by studying cases of political murder pending in court, psychoanalysis could develop a typical gestalt of the political murderer. Collaboration of historian and psychoanalyst, as practiced by Willcox and Wyatt, may lead to a psychoanalytic study of many historical problems which cannot be understood without considering unconscious motivation.

### SUMMARY

While the disciplines of psychoanalysis and history have much in common, the application of psychoanalysis to problems of history has been casual and often unsatisfactory. The main reason for this is that psychoanalysis requires the coöperation of a living person. The fragments of factual information or of products of the imagination available to the historian are never a substitute for the tremendous wealth of material that is unearthed in an individual psychoanalysis. Though, basically, this is an insurmountable difficulty, some valuable results could be achieved if workers in the field of history would become familiar with certain typical gestalten known and understood by psychoanalysts for, often, they will find the same gestalten in historical material. In this way they could arrive at an understanding of unconscious motivation in history. It is also suggested that historians avail themselves of the help of psychoanalysts in studying significant typical gestalten in history such as that of the political murderer which, up to now, have not been the objects of general psychoanalytic investigation.

There are those who, like Kenneth Colby, consider psychoanalysis a branch of natural science and will find it difficult or even impossible to accept this method as scientific. Colby ex-

cludes history from the sciences because 'the evidence is too unreliable to test hypotheses and too insufficient to establish general conclusions' (5). R. G. Collingwood, replying to similar statements, says: 'There is a slang usage, like that for which "hall" means a music hall or "pictures" moving pictures, according to which "science" means natural science' (6). Whether one accepts the one philosophy or the other seems to be a matter of taste and of interest. Both psychoanalyst and historian endeavor to understand psychological motivation. Scientifically established laws are a great help in the process of understanding; yet, due to the complexity of factors influencing human motivation, it is too much to expect ever to be able to comprehend all significant elements through a process of using scientific laws. If one were to accept a rigid concept of science as natural science, with all its requirements for strict verification and predictability, much of the work of Freud and his followers would have to be discarded as unscientific.

It is a worth-while task to preserve that part of psychoanalytic thinking which does not meet the standards of exact science. In order to achieve this preservation it is necessary that psychoanalysts avoid isolation, prevent students of kindred disciplines from feeling that psychoanalytic writings are meaningful only to the 'initiate', and try to work out a methodological *rapprochement* with such disciplines as history.

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## BOOK REVIEWS

THE PSYCHOANALYTIC SITUATION. AN EXAMINATION OF ITS DEVELOPMENT AND ESSENTIAL NATURE. By Leo Stone, M.D. New York: International Universities Press, Inc., 1961. 158 pp.

This small volume represents a significant contribution to the theory and technique of psychoanalysis. It is an expanded version of a lecture given by the author at the New York Academy of Medicine, May 6, 1961, as the Freud Lecture of the year. Since the psychoanalytic situation cannot be dissociated from the interrelated dynamisms and problems of the psychoanalytic process or from the psychology to which it has given rise, the author considers it under the following subheadings: 1, the relationship of physician and patient; 2, the classical conception of the psychoanalytic situation; 3, additional comments on the transference and countertransference complex; 4, the primary unconscious meaning of the psychoanalytic situation; and 5, the biologic and primitive psychological aspects of the psychoanalytic situation with emphasis on the role of speech.

Stone's many scholarly annotations, printed as an appendix, are a significant part of the book and make rewarding, though not easy, reading. One gets the impression of viewing the psychoanalytic process and its theory through a complex prism, the main dynamic lines being broken up in several directions that meet again and again in new integrations. The author arrives at a view of the psychoanalytic situation that is new although it is based on concepts which have been very much in the foreground of psychoanalytic literature during the past fifteen years.

The profound psychological significance of the psychoanalytic situation was developed by Freud from the traditional relationship of physician and patient. However remote the discipline of psychoanalysis may seem from its origins, its justifications as well as its structure remain rooted in this original relationship, which contains the primary transference potential. Since, traditionally, the physician is associated with the care of the body, he represents for the unconscious of the patient the mother of his infancy. The classic psychoanalytic situation with its accepted restrictions and rules creates a 'state of relative physical and emotional deprivation', which Stone characterizes as 'deprivation in intimacy'. Within this rela-

tionship, in which communication is mediated almost exclusively by speech, the analyst represents for the unconscious of the patient 'the mother of separation'. Underlying the entire dynamics and structure of the psychoanalytic situation, 'perhaps one of the inspirations of its genesis is the driving force of the primordial transference—a phenomenon which is in itself derived from the successive states of separation from the mother'. According to this concept, transference is motivated by the drive to overcome and undo the separation. The psychoanalytic situation is therefore a phase in the psychobiologic continuum.

Though the author first concisely presents his fundamental hypothesis in the summary, his fresh orientation is evident from the beginning. He examines the factors that are generally held to be instrumental in bringing about and maintaining the psychoanalytic situation. His detailed inquiry into these questions serves a number of purposes: it establishes the dynamic significances of the requirements and recommendations in their historical perspective; it evaluates their significance in the past; and it investigates their usefulness, their justifications, and their possible disadvantages in the present phase of psychoanalytic theory and practice. Stone, referring to the 'rigor of the original requirements' for establishing the psychoanalytic situation, does not reject them since a 'reasonable degree of rigidity is necessary', but he warns against the reification of rules and schematization of the analytic process. He emphasizes that he does not advocate 'modernistic permissiveness' but a 'controlled expression of the humanness' of the analyst as a doctor who has assumed responsibility for helping the patient. He takes the position that, with firm understanding of the psychoanalytic situation and the dynamics of its functioning, psychoanalysis can outgrow the rigid adherence to such reification of metaphors as the 'mirror reference', or such assumptions as that the analyst is 'unknown and should remain unknowable' to the patient, or that there can be an 'absolute abstinence in the transference'. Stone discusses 'legitimate transference gratifications' and contrasts them to unjustified transference frustrations. This reviewer agrees with the author's concepts and arguments, but believes that he does not take adequate note of the fact that there is both verbal and nonverbal interaction between analyst and analysand. This question is discussed later in terms of the transference and countertransference complex.



The hypothesis that the psychoanalytic situation and the drives which energize its manifestations are derivatives of a psychobiologic continuum leads to some new considerations regarding the theory of transference. Through the emotional vicissitudes of the psychoanalytic situation the transference evolves from the universal transference potential of the equivalence of the doctor-patient with the mother-child relationship. The disintegrating effect of free association and interpretative method brings to the fore the infantile quality and intensity of the transference which, in turn, leads to the development of the transference neurosis. Stone differentiates 'primary or primitive transferences' and 'mature transferences'. 'Primitive transferences' are derivatives of the basic transference which originate in the primary object relationship and in the craving for its gratification (id transference); 'mature transferences' are phenomena of integration which are the function of the ego. These ego (defense) transferences are opposed to the tendencies of the primary transferences but are constructive for analytic work and, from the beginning, are active in the analytic process. One cannot, in a review, evaluate whether this terminology has advantages over the older terms differentiating transference phenomena.

The discussion of speech and its role in the psychoanalytic process is even more complex and condensed. Linguistic theories concerning the structure of language are considered in an attempt to illuminate the theory of free association, communication, and insight. Though the kaleidoscopic variations of these concepts challenge reviewing, they may stimulate sharper observations and more research upon our primary instrument—speech.

Dr. Stone has many stimulating ideas, but the central aim and chief merit of this meticulous work is its demonstration of changes in the theory of psychoanalytic technique and its author's appeal that these changes should not be hidden or neglected but discussed and investigated. Evidently they may enrich not only the technique but also the theory of psychoanalysis.

THERESE BENEDEK (CHICAGO)

PSYCHOANALYSIS AND RELIGION. By Gregory Zilboorg. New York: Farrar, Straus & Cudahy, 1962. 243 pp.

The late Dr. Gregory Zilboorg—he died in 1959—was a remarkable

man. Born in Kiev, he studied medicine and psychiatry, and became secretary to the Minister of Labor in Kerensky's short-lived Social Democratic Government. After the Bolsheviks took control, he fled to the United States at the age of twenty-nine, repeated the last two years of his medical education at the College of Physicians and Surgeons, and thereafter practiced in New York City as a very successful psychiatrist until his death. Born of orthodox Jewish parents, he became a Quaker soon after his arrival in these United States, and, in 1954, he joined the Catholic Church. All his life he was, like his co-religionist Spinoza, a 'God-intoxicated man'. In his later years he worked closely with Catholic priests, especially with the Dominican Father Noël Mailloux, who heads a Pontifical institution in Canada ministering to those religious priests, monks, and nuns in need of psychiatric care.

This posthumous volume of essays, edited and with an introduction by Margaret Stone Zilboorg, reflects not only Zilboorg's abiding interest, but the deepening of his religious convictions.

Now the 'great sanity of the inductive method in the sciences' is, as Dr. Barry Ulanov has pointed out, that while it makes 'philosophical differences unimportant for the duration of an experiment, it ultimately makes possible contributions to philosophy of the greatest value'. Since it does this on evidence, it can, therefore, reverse itself in the light of fresh evidence, as it has done in our time 'in the destruction of many of the most firmly established laws of classical physics'. For example, the laws of universal determinism as generally assumed by scientists since the seventeenth century have been proved inaccurate on the scale of macroscopic phenomena. It would seem that Dr. Zilboorg's own rubicon was the fact that Freud never dealt with the soul, but did postulate the psychic apparatus as a biopsychological unit. 'The common confusion of the psyche as a scientific concept', writes Zilboorg, 'and the soul as a theological one mobilizes in us a complex of narcissistic cathexes which constitutes the fundamental opposition to psychoanalysis'.

Dr. Zilboorg sees such an opposition 'built-in' every human being, because psychoanalysis strikes at the heart of narcissism. We do not like to admit we do things unknowingly, nor is it only that which is lowest in the ego but also that which is highest that can be unconscious: we are as unaware of our potentialities as of our peccadilloes.



Dr. Zilboorg, though he never mentions the word, leans heavily on St. Thomas Aquinas's concept of *Distinguo*: I distinguish. He has no use for oversimplifications, such as that because Freud made enormously valuable contributions to the understanding of human beings and Freud was an atheist, therefore all who value or accept his contributions must go along with his atheism. 'Onlyness', too, is one of Dr. Zilboorg's bugbears: Freud is *only* a pansexualist, Fechner *only* a physicist. We must divest ourselves, he suggests, of 'onlyness' and recognize that there are infantile atheists and mature believers; that when regrets become anxiety, there is illness; when they turn to humility, there is health. He is especially annoyed by the confusion of the functions of confessor and analyst: the confessor receives only what the penitent deliberately offers; even if he has seen the said penitent commit a sin, he cannot assume the penitent guilty or try to extract a confession, for confession is the most deliberate, conscious act of which a human being is capable. The analyst, on the other hand, 'by indirections finds directions out', and is likely to fall into the fundamental error of believing that to understand will make a person—or people—better. Alas, the 'formidable struggle between man's spiritual aspirations and his desire to free himself from these very aspirations' is well illustrated by comparing the scriptural deluge and our own experiments with A and H bombs. The deluge was sent, and man submitted; the H bomb 'is the creation of scientific man, and he is ready to destroy the world to assert his mastery over it'.

In a collection of essays, written for various types of journals—ranging from *The International Journal of Psychoanalysis* and *The Atlantic Monthly* to *America* and *La Vie Spirituelle*,—there is unevenness. Perhaps the most interesting essay is *The Sense of Guilt*, written in 1956 and here published for the first time. The whole idea of the incorporation of guilt, of God as the sin-eater, is discussed, as is the difference between the superego and the conscience: 'Conscience regrets, whereas the superego is angry'. Dr. Zilboorg here shows too how contrition produces sadness, whereas penance does not, for penance arises from our need for punishment, and is masochistically satisfying.

A pity Dr. Zilboorg did not live to write the book he was projecting on suicide: self-homicide, as he tells us it used to be called.

ANNE FREMANTLE (NEW YORK)

LA PSYCHANALYSE. RECHERCHE ET ENSEIGNEMENT FREUDIENS DE LA SOCIÉTÉ FRANÇAISE DE PSYCHANALYSE (Psychoanalysis. Research and Teaching in Freudian Psychoanalysis by the Société Française de Psychanalyse). Four volumes. Paris: Presses Universitaires de France, 1956-1958.

Perhaps my reluctance to write this review can be explained by my deep reaction to the split of the Paris Psychoanalytic Society which took place some years ago. For these volumes represent the new platform of the Société Française de Psychanalyse whose philosophy is laid down in the Preface to Volume One. It announces that the series will be devoted to the publication of research and teachings inspired by the newly formed group, which will aim at a *rapprochement* between psychoanalysis and other sciences, and 'put an end to the extraterritorial position upon which psychoanalysis has long presumed by using the ambiguity of its allegiances as a pretext to dispense with them all'.

This point of view evidently governed the selection of contributions by nonanalysts as well as analysts to the first volume, entitled, *On the Use of Speech and the Structure of Language in Psychoanalysis*, edited by Jacques Lacan. Among the most interesting papers are *Remarks on the Function of Language in Freud's Discoveries* by Émile Benveniste, *Comments on Freud's Verneinung* by Jean Hyppolite, *Logos* by Martin Heidegger, and *On Polyglotism in Analysis* by Daniel Lagache. But actually the central and the most important article in this volume is Lacan's *Function and Scope of Speech and of Language in Psychoanalysis*. A dialectical essay, which he calls a 'discourse', it is itself a document of great linguistic sophistication, typical of this author; but it makes most difficult reading.

When Lacan presented this 'discourse' at the Congress held by the Société Française de Psychanalyse in September 1953 in Rome, it aroused a heated discussion and considerable criticism even among his friends. The entire discussion, fortunately, is included in the volume. Lagache's succinct and lucid comments are of particular help in clarifying the highly complicated theoretical assumptions of Lacan. Lagache points to the author's purely phenomenological and descriptive approach, and discerns a strong existentialist influence in his ideas.



The problem of resistance and transference seems to be distorted in Lacan's mind; so is the concept of working through, and he particularly misuses the concept of identification in psychoanalytic therapy. He appears to have stripped the whole metapsychological structure of psychoanalysis of its fundamental principles, misrepresenting the methodological procedure itself and the meaning of the transference in the analytic process. It is perhaps ironic that his contribution on the use of speech in analysis has made things more complicated than they were. There is no attempt to clarify the position of language within the framework of the analytic situation, its role in the transference, or the therapeutic and curative effect of the spoken word. In the eyes of Lacan, the analytic process and its structure have become reduced to mere technical devices and ritualistic tricks. 'If psychoanalysis is to become a science—for it is not one yet—and if it is not to degenerate in its technique—and perhaps this is already the case—we must rediscover its experiential meaning.' And here is the crux of his whole antagonism to analysis; for he makes no bones about his opposition to all principles of psychoanalytic technique. Indeed, Lacan considers it his mission in the new movement to liberate the inexperienced young analyst from the shackles of these technical commandments, to set him free to use his intelligence as he sees fit, to lessen his dependence upon the control analyst, and thus to allow him to establish a spontaneous relationship toward the patient. So great is the author's opposition to anything fixed and stable in methodology that he even disapproves most emphatically of setting a time limit for the analytic session. Strangely enough, while many discussants disagreed with his views on the other basic issues, many of them expressed agreement on this point.

Perhaps it is not coincidental that a paper by Heidegger, *Logos*, was chosen to precede Lacan's paper in the sequence of the volume. For the theological and philosophical adage '*Am Anfang war das Wort*' constitutes the essence of Lacan's system of thinking and new psychoanalytical credo. 'And one will wish that a better appreciation of the functions of the *logos* may dissipate the mysteries of our fantastic charisms', he states; and, elsewhere: '... the symptom becomes completely reversed in an analysis of language, for it is structured like a language. It is a language from which the word must be released.' On the whole, the 'demystification of the analyst-idol'—

apparently the main aim of Lacan's paper—was not completely successful. That his ideas did not prove sufficiently persuasive can be seen from the following volumes of the series.

Volume Two, *Clinical Miscellany*, and Volume Three, *Psychoanalysis and the Study of Man*, contain some interesting contributions both by French and foreign authors (Balint, Grotjahn, and others). Volume Four, *The Psychoses*, is devoted entirely to theoretical and clinical papers on psychosis. These include the first publication in French of Tausk's classic, *On the Origin of the Influencing Machine in Schizophrenia*, an excellent translation of Maurits Katan's paper, *Structural Aspects of a Case of Schizophrenia*, and a very interesting essay by Guy Rosolato and Daniel Widlöcher on Karl Abraham and his contribution to psychoanalysis.

PAUL FRIEDMAN (NEW YORK)

SCHIZOPHRENIA AS A HUMAN PROCESS. By Harry Stack Sullivan, M. D.  
New York: W. W. Norton & Co., Inc., 1962. 363 pp.

Informed readers differ widely in their reaction to Sullivan's later writings. This reviewer has found them at times exasperating—pontifical, pretentious, caustic, and obscure—but often seminal. Yet no one, to my knowledge, denies that he was a trailbreaker in the understanding and treatment of the young male schizophrenic. Motivated by his own personal brushes with such illness, inspired by the work of Freud (and to a lesser extent of Kempf and Adolf Meyer), and encouraged by William Alanson White and Ross McClure Chapman, his efforts culminated clinically in the establishment in 1929 of the Reception Service at Sheppard and Enoch Pratt Hospital, and theoretically in *Conceptions of Modern Psychiatry* (1940) with significant additions during the subsequent decade (for example, *Therapeutic Investigations in Schizophrenia, Psychiatry, X*, 1947, pp. 121-125).

The present posthumous volume—aptly titled, beautifully edited, and given an encompassing introduction by Helen Swick Perry—collects the most relevant papers, 1924-1934, an along-the-way account of his pioneering. Having perused most of these papers from time to time in the past, the reviewer expected a dull and repetitious task in going over them again. Such was not the case: repetitious, yes,



but not dull. One can see Sullivan reaching one lookout point after another on the way to his peak in Darien, stopping now and then to discharge his blunderbuss into the surrounding jungles of ignorance at those who saw the schizophrenic as subhuman, as biologically, physiologically, neurologically defective, or morally degenerate. It is difficult, looking back forty years, to realize just how dense a jungle it was. On the one hand was the generally accepted Kraepelinian dogma that dementia praecox is incurable and that if recovery takes place the diagnosis was mistaken; on the other hand was the enthusiasm of those who, like Henry A. Cotton, found 'foci of infection', removed tonsils, teeth, sections of colon, and reported eighty percent recoveries.

But it is not simply as an historical exercise that one wades through these papers, watching Sullivan charge off at assorted windmills, attempting to prove that the peculiarities of thought are not accidental 'word salads', that the schizophrenic is far from 'apathetic', and so on. It is, rather, to discover along with Sullivan that the 'incomprehensible' schizophrenic, caught up in a dreamlike process he cannot shake, nonetheless has a tremendous urge to communicate—in a vague symbolic inferential way—about things that trouble him, and that the mystery of the unintelligible begins to unravel as one becomes familiar with his life experience. We discover that he is extremely sensitive, that in desperate confusion he is trying to reconstitute a stable basis for his personal world, that the catatonic state and the acute episode represent both breakdown and opportunity, while the paranoid state is a semiadaptive (projective) effort at adjustment, and that hebephrenia is an attempted solution by giving up, rather than the natural end state of the schizophrenic process (except as one might say death is the natural end state of an unarrested pneumonic process). We find Sullivan gradually documenting his own conviction that the schizophrenic episode represents a personal life crisis, growing out of specifiable hurts in early life and specifiable lacks in experience of socialization, that it is preceded by a considerable period of unhappiness characterized by observable signs and symptoms, that a disaster to self-esteem precipitates the break. *And* that this is not the end, but that a carefully planned and supervised intimate therapeutic community in which the noxious influences are kept at bay and in which professionally self-respecting attendants, chosen for their schizoid sensitivity but

more secure integration, devote their attention to building up trust and friendship and sense of group-belonging in the troubled one (the patient), that such a socializing milieu can bring the sufferer out of his acute crisis—without benefit of 'insight' or deep probing into the Ucs—to a state where he is again functioning and might even make a go of it outside, and may be a candidate for modified psychoanalytic therapy.

It is faintly amusing, in view of Cotton's claim of eighty percent recoveries, and the subsequent deflation of this figure by Kirby and others who tested the hypothesis under less optimistic auspices, that Sullivan dares assert eighty percent social recoveries in cases of acute onset, on the basis of his eighteen months' experience and Silverberg's continuation of the Reception Service for a year longer. Nowadays we might speak more cynically of a human 'placebo' effect as partial explanation, but on second thought we should note that this very effect adds support to Sullivan's fundamental etiological postulates while it gives no support whatsoever to the 'foci of infection' postulates. Parenthetically, the volume at hand does not reveal why Sullivan left Sheppard Pratt just when his experiment was coming to fruition. Perhaps it was exigent for him to re-enter personal psychoanalysis at that time—he had undergone a shorter analysis in Chicago, 1916-1917—and he chose Clara Thompson who had by then settled in New York.

Every practicing psychoanalyst should sample this book, no matter how jaundiced he may feel toward Sullivan. Recommended selections would be *The Onset of Schizophrenia* (1926) and *Socio-Psychiatric Research* (1930). It is regrettable that no really rounded-out day-to-day account of how his unique therapeutic community operated is available, so that one might make comparisons with parallel pioneer efforts—parallel also in time—such as those of Simmel at Tegel and Aichhorn near Vienna. Also one misses a real exposition in rich detail of the modified psychoanalytic therapy Sullivan recommends; the paper on this is rather unenlightening. Probably he was mainly concerned in those days with showing that a corrective interpersonal setting could arrest an intrapersonal process of crisis, and needed to work out a coherent sociopsychological statement of the steps into illness before he could proceed to an operational statement of the processes of therapy, which he came nearer to accomplishing in the final chapter of *Conceptions of Modern Psychiatry*.



One day, when the schizophrenic problem has been solved, at least one milestone on the way will be inscribed to Harry Stack Sullivan, and these papers will be referred to in the citation.

JOSEPH O. CHASELL (STOCKBRIDGE, MASS.)

L'ENFANT ET LA VIE FAMILIALE SOUS L'ANCIEN RÉGIME (Childhood and Family Life in Prerevolutionary France). By Philippe Ariès. Paris: Librairie Plon, 1960. 503 pp.; 26 illus.

This book belongs to a series of studies devoted to the history of civilization, *Civilisations d'hier et d'aujourd'hui*, published under the author's direction.

Ariès attempts to study the history of the family in France from the Middle Ages to the end of the eighteenth century. His work consists of three parts, dealing with childhood, the scholastic life, and the family. It holds interest for the psychoanalyst mainly from two aspects; one is the changing concept of childhood, of children's position within the family; the other is the position of the family in society at large. The author is not concerned with the history of the family in a legal sense, but with what he calls, perhaps not very felicitously, '*le sentiment de la famille*': the implicit or explicit concept of the family, as experienced by its members, or as illustrated by iconographic documents. His main thesis is that the family holds a much more important place in our modern industrialized society than it ever held before, and that its experienced reality does not follow its legal history.

The counterpart of this changing psychological role of the family is the changing '*sentiment de l'enfance*', the changing concept or view of childhood as distinct from adulthood. According to the author, this view of childhood is relatively recent and has evolved only gradually in the last few centuries; it is only since the nineteenth century that there exists a 'centralization of the family around the child'. These changes are described as having taken place in France, but to some extent they apply also to the whole Western world.

Psychoanalysts will particularly enjoy the chapter dealing with sexuality in childhood. Ariès, who seems well acquainted with psychoanalytic findings, quotes from the diary of Héroard, physician to the future King Louis XIII of France. The absence of restrictions

against sexual curiosity and sex play in the upbringing even of royal children, in the beginning of the seventeenth century, is striking. It seems that only some religious educators at that period insisted on a suppression of sexual freedom in childhood. Only gradually were these restrictive measures adopted, first by the upper and middle classes, and not until much later (in the nineteenth century), if at all, by the lower classes. One might wonder to what extent the trend will become reversed in our time through the indirect influence of psychoanalysis.

This is a well-documented and well-written book, attractively illustrated; it should be valuable to those interested in historical and cultural studies.

RUDOLPH M. LOEWENSTEIN (NEW YORK)

THE BIRTH OF AN INSTITUTE. Edited by Ives Hendrick, M.D. Freeport, Maine: The Bond Wheelwright Company, 1961. 164 pp.

The psychoanalyst is the historian of the individual and it is in the light of the patient's past that his present problems can be understood. On a larger scale an understanding of the development and growth of psychoanalytic thought is essential to give a perspective with which to view the present psychoanalytic scene. Without a knowledge of historical background the evaluation of new ideas is difficult. This is particularly so if the new idea is the resurrection of an old idea. These considerations are valid for institutions as well. Consequently the appearance of a book which records the history of an institution for psychoanalytic education will be welcomed by every psychoanalyst interested in the educational aspects of his professional commitment.

On November 30, 1958 the Boston Psychoanalytic Society and Institute held a meeting to commemorate the twenty-fifth anniversary of the establishment of its institution for psychoanalytic training. This book is a record of that meeting and contains four papers presented at that time with appendices which include the remarks of the chairman of the meeting, Dr. J. J. Michaels, and lists of the guests of honor and the officers of the organization from 1914 to 1958.



The major portion of the book is devoted to an essay by Ives Hendrick from which its title is taken. Hendrick recounts the early interest in psychoanalysis in Boston, the formation of the Freud Seminar which signaled the beginning of an organized training program, the founding of the Society, and the creation and development of the Institute. An interesting appendix is an excerpt from *An Oral History* by Alan Gregg, unfinished and unpublished at the time of his death, which recalls the visit of Freud, Ferenczi, and Jung to Dr. Putnam's camp in the Adirondacks following the lectures at Clark University in 1909.

The extensive notes, references, and bibliography indicate the careful scholarship that Dr. Hendrick employed in preparing *The Birth of an Institute*. This definitive account of not only the birth but also the conception, gestation, and early development of the Boston Psychoanalytic Institute is stimulating reading. Not content to record achievements only, Dr. Hendrick spares no effort in reporting the difficulties and differences that arose at many points locally and in relation to the American and International Associations. In considering his approach to this task, one is reminded of his Presidential Address at the Annual Meeting of the American Psychoanalytic Association, May 8, 1955, in which he delineated so effectively the history of the Board on Professional Standards. Boston should 'wish no other herald than such an honest chronicler'.

The second paper in the volume, a companion piece, is by Bertram D. Lewin and contains material now familiar to those who have read *Psychoanalytic Education in the United States*, the survey report by Lewin and Ross. This paper, *The Organization of Psychoanalytic Education: Historical and Current*, is an excellent review of the European background of the development of psychoanalytic training, its informal beginnings in the United States, and the formation of institutes as they exist today. The third paper, a short contribution by John M. Murray, is a commentary on some of the events chronicled in the Hendrick and Lewin essays.

The concluding essay, *Footprints*, by Karl Menninger is an appreciative memoir of his medical school days at Harvard, of his early acquaintance with psychoanalysis in Boston, and of the inspiring influence of E. E. Southard. Dr. Menninger writes in a warm and engaging fashion which communicates graphically the mood and

spirit of those earlier days. *Footprints* has been published also as a chapter in a collection of the author's works entitled *The Psychiatrist's World*.

ROBERT S. BOOKHAMMER (PHILADELPHIA)

FREUD'S CONCEPT OF REPRESSION AND DEFENSE, ITS THEORETICAL AND OBSERVATIONAL LANGUAGE. By Peter Madison. Minneapolis: University of Minnesota Press, 1961. 205 pp.

The author, a professor of psychology at Princeton, has addressed this book to other academic psychologists with two purposes in mind: to furnish them with an accurate and comprehensive statement of Freud's own theories concerning repression and other defenses; and to outline ways in which these theories can be scientifically (i.e., quantitatively) tested. The purpose is praiseworthy, the effort sincere. The result, unfortunately, is of dubious value.

The attempt to outline Freud's theories comprises the first and major section of the book. Despite the author's claims of novelty, his principal conclusions are familiar and easily accessible elsewhere in the psychoanalytic literature. (Incidentally, there are almost no references to psychoanalytic literature except for Freud's works.) One principal conclusion, for example, which the author presumably believes to be new, is that Freud used the term 'repression' to designate many defenses other than unconsciously motivated forgetting. There are also serious errors, some of which are due to the author's misunderstanding of what he read, while others are due to his failure to read more. As examples of the former, it is asserted that Freud explained infantile ('primal') repression by the repetition compulsion, i.e., as an instinctual process; and that he attributed the traumatic states of infancy to nongratification of physical, rather than of instinctual, needs. There is complete lack of appreciation of the importance in Freud's theory of the typical danger situations of early childhood and their sequence: loss of object, loss of love, castration anxiety, and superego anxiety. As an example of the latter (an error due to failure to read more), the author's understanding of transference does not extend beyond Freud's statements of 1912. Thus hostility in the transference is equated with resistance.

However, the faults of the first section are minor compared with



those of the second, in which an attempt is made to outline ways in which Freud's theories can be quantitatively tested. The following is suggested as an experimental situation for observing and measuring affect inhibition as an indicator of repression: '... the patient might be told by the secretary upon his arrival that the therapist had not yet come in, or even phoned in, and that he should sit and wait. She could record his response and behavior, for some standard time period. The therapist would then "arrive" and proceed with the session without apology, and the session would be recorded and rated for adequacy of anger response.' It is proposed that this procedure be repeated at intervals during the course of 'analysis' in order to measure the change in affect inhibition brought about by successful treatment. Here is another suggestion, intended to permit measurement of ego restrictions as an indicator of repression: 'Sexual inhibitions. Situations in waiting rooms might be experimentally arranged in which seductive persons of the opposite sex would see how much interest could be aroused.' Such suggestions would be merely ludicrous if it were not for the danger that they might be followed by some enthusiastic psychologist with as little clinical conscience as the author and with no more experience of the facts of psychoanalysis, as distinct from its theories, to guide him. It cannot be too often emphasized to those who are not themselves psychoanalysts that psychoanalysis is a form of treatment and a method of investigating mental processes, as well as a body of theory. The non-analytic scholar who attempts to assess psychoanalytic theory without having either knowledge of the psychoanalytic method or experience with it can hardly avoid having the result of his efforts considered as far removed from reality as the syllogisms of a medieval scholastic.

CHARLES BRENNER (NEW YORK)

BLINDNESS, WHAT IT IS, WHAT IT DOES, AND HOW TO LIVE WITH IT. By Rev. Thomas J. Carroll. Boston: Little, Brown & Co., 1961. 382 pp.

The founder and director of St. Paul's Rehabilitation Center for the Blind in Boston has given us a rich distillate of twenty years of dedicated creative work. The book is a milestone in rehabilitation

of the blind. It can be read with profit by anyone engaged in or preparing for professional work with other handicapped people. It is suitable as a text for lecture and seminar courses, and for in-service training, in rehabilitation centers, social agencies, clinics, and professional schools. It is a beautifully written, instructive, and challenging document for any literate person, including the blind.

The psychoanalyst working with, or hesitantly considering joining, a rehabilitation center or social agency serving the physically handicapped will find the volume immediately useful: first, because of the wealth of facts pertaining to blindness, to the physically handicapped in general, and to the complex processes of rehabilitation; and second, because the average physician is poorly equipped for genuine multidisciplinary teamwork and tends to function, and be looked upon, as a distant consultant or detached expert who is called in to handle crises. Carroll's book and the operation of St. Paul's Rehabilitation Center provide theoretical and clinical chapter and verse on professional teamwork in rehabilitation. Too often these fashionable terms represent mere babbling or impressive lip-service.

Although he does not attempt to delineate a systematic psychological approach, Carroll's grasp and utilization of psychoanalytic knowledge is striking. For example, he early recognized that daily intensive work with the blind is a potent instigator of intrapsychic and interpersonal difficulties among the staff. He therefore instituted a weekly group therapy session for the staff conducted by a psychoanalyst, Dr. Stewart R. Smith, who has no other role in the Center (Dr. Thomas E. Caufield is the psychiatrist for the Center). One can learn too from Carroll's unobtrusive presentation in simple English of psychoanalytic concepts, for example, his differentiation of masochistic resignation to blindness from realistic acceptance in the service of adaptation.

The writing is revealing of the author, a rare specimen of courage based on integrity, scholarship, and faith. Carroll is uncompromising in dealing with prejudice, stereotyping, smugness, and superstition wherever he encounters them—among the general public, professional workers, and politicians, and among the blind themselves. The blind have no advocate of their rights greater than Carroll, but no one is more realistically emphatic about their responsibilities. Carroll expresses himself unequivocally on 'controversial' issues such as social security legislation for the blind. He finds no theological



basis for the belief that the souls of the blind are more in need of sanctification than those of the seeing; the blind need no more and no less religious reading material than the seeing.

The publishers should be congratulated for producing an appropriately handsome volume.

H. ROBERT BLANK (WHITE PLAINS, N. Y.)

THE ANNUAL SURVEY OF PSYCHOANALYSIS. A COMPREHENSIVE SURVEY OF CURRENT PSYCHOANALYTIC THEORY AND PRACTICE. Volume VI, 1955. Edited by John Frosch, M.D. and Nathaniel Ross, M.D. New York: International Universities Press, Inc., 1961. 612 pp.

The new volume of *The Annual Survey of Psychoanalysis* is a reviewer's holiday and headache: a holiday because reading it is a rich ceremonial Thanksgiving dinner (with some turkey and the resulting slight discomfort of having overeaten); a headache because of the problem of how to review a volume of reviews.

Volume VI takes its place on the high level of the preceding volumes. It informs about psychoanalytic history, gives insight into the development of current research and contemporary trends in analytic thinking; it creates a skilful and readable miniature picture of psychoanalysis in the year 1955.

Sigmund Gabe opens as usual with an account of history. Leo Rangell summarizes essays on critique. Nathaniel Ross, in his special, clear way, reviews theoretical studies, therapy, and child psychoanalysis. John Frosch reports on clinical studies with special emphasis on dreams and some sidelights on education. Renato Almansi and Mark Kanzer divide between them the great field of applied psychoanalysis (religion, mythology, folklore, sociology, and æsthetics). Of special value is the harvest of book reports. Condensations are given of books by Colby, Eissler, Feuer, Greenacre, Hoffer, Munroe, Michaels, and Róheim.

MARTIN GROTJAHN (BEVERLY HILLS)

THE SOCIAL EPIDEMIOLOGY OF MENTAL DISORDERS. By E. Gartly Jaco. New York: Russell Sage Foundation, 1960. 228 pp.

This psychiatric survey of Texas has all the expected rewards and limitations of surveys which, as the author states in the preface, have

been disparaged in certain circles. Nevertheless, the trend to publication of studies of sociological factors in mental health and illness continues.

The author appropriately discusses in his introduction the many fallacies and limitations of any survey. He is to be commended for a faithful and patient inquiry among public and private institutions and psychiatric and medical practitioners. It is admitted that the nosological confusion among psychiatric and medical practitioners over what constitutes a psychosis (and the fact that probably many such cases go undetected in both medical and lay circles) produces misleading statistics.

The book is divided under convenient subtitles into Demographic Aspects, Social Ecology, and Socioeconomic Aspects of Mental Disorders. There is an excellent bibliography and index, but the most fruitful data is in the introductory chapter on social surveys and the last chapter, the summary and discussion.

The most pertinent findings are summarized by Jaco as follows: 'Higher adjusted rates of psychoses for females than males; lowest incidence rates of total psychoses for the Spanish-American group, with the next lowest rate among the non-whites, and the highest rates in the Anglo-American subcultural group; extremely divergent rates between the two most industrialized areas of Texas; the failure of migrants to show a significantly higher adjusted rate than those native to Texas; ethnic differentials in incidence rates by marital status; higher psychotic rates among those in the professional and semi-professional occupations than in other occupational categories; equally high incidence rates of psychoses among those attending college and those having no education; a high positive correlation between education and incidence of the toxic psychoses; and a positive association between educational attainment and rates among the males in the Spanish-American and non-white groups'. Age-specific incidence was found to increase with advancing age, and urban areas showed a higher incidence of mental disorders than rural areas.

Some of the most challenging and stimulating ideas in the book are weakly supported by statistics; however, clinical and sociological phenomena do not have to be validated statistically to be useful. For example, Jaco makes an interesting observation concerning the 'many ethnic groups and population concentrations with a wide variety of value and attitude systems' in Texas. He states: 'Perhaps the out-



standing feature of the Texas population which may have had an impact upon the incidence of mental disorders is its rapid transition from a rural to an urban-industrial population. . . . While other areas of the United States have also urbanized rapidly, Texas is unique in that its urbanization occurred *internally*. The growth of the urban areas in Texas came primarily from its own rural and small town population. Texas, consequently, has urbanized at the expense of its own rural population. . . . Rapid and internal urbanization and industrialization at the expense of a rapidly declining rural population can bring about extreme dislocation of certain segments of the population and serious disruptions in family continuity, particularly between the younger and older generations. It can disrupt the rural, agrarian way of life without providing sufficient time to establish and integrate a new value system imposed by the expanding urban community.'

This reviewer believes these social phenomena are important as many Texas small towns and rural areas are essentially transplanted European villages which still retain much of their Old World culture, language, and customs. The impact of Americanization on second and third generation immigrant families, well known in all mental illness, and the additional impact of internal migration, complicates the sociologic factors. In contrast to some surveys, the book is delightful reading, especially the first and last chapters.

H. HARLAN CRANK (HOUSTON)

HANDBUCH DER PSYCHOLOGIE. Second Edition. Edited by David and Rosa Katz. Basel, Switzerland: Benno Schwabe & Co., 1960. 666 pp.

Several new contributions, under the editorship of Dr. Rosa Katz, have been added to this informative and authoritative textbook on European psychology (comprehensively written by a number of prominent Scandinavian, Swiss, German, and other European psychologists) first published by her late husband, Prof. David Katz over a decade ago. These, together with the expansion and modification of some of the earlier writings, cover a wide range of psychological and ancillary subjects. Twenty-five articles make up the book. These deal with such diverse topics as the historical development of

psychology; its physiological foundations and various methods of approach; the different schools and ramifications; experimental psychology; intelligence testing; the psychology of perception, thinking, and volition, of education, art, work, religion; and even parapsychology. Many chapters, though somewhat sketchily condensed, contain lucid and competent information on observational phenomena. This is especially true of those on developmental psychology in early life by Jean Piaget and Bärbel Inhelder, later years of childhood by Adolph Busemann, and social psychology by David Katz. Instructive illustrations are included in the text.

Unfortunately, the chapters dealing with psychopathology and especially those which touch more specifically on psychoanalysis are disappointing. Though much credit and praise is given to the founder of psychoanalysis (for example, 'Freud's work belongs to the great epoch-making achievements...' [p. 522]), and though some of the principles and basic concepts of psychoanalysis are adequately described, this section of the book is dated and lacking in factual information on the present status of psychoanalysis. There is no mention of the contributions of Anna Freud, Hartmann, Kris, Loewenstein, Eissler, and Rapaport; no reference to ego psychology nor to the studies of Spitz or Greenacre; and hardly any attempt to indicate the extensive body of knowledge accumulated by psychoanalysis during the past few decades. One paragraph reads: 'Psychoanalysis has had an enormous importance in the psychological exploration of depth, with far-reaching consequences for the medical way of thinking. In practice it is primarily a diagnostic method for the exploration of the life history and the inner life of the patient, as a necessary basis for good advice and clever intervention' (p. 571).

Such statements, by their patent lack of knowledge and understanding, considerably mar the value of this otherwise readable and useful textbook.

WILLIAM G. NIEDERLAND (NEW YORK)

DEVELOPMENT OF THE PERCEPTUAL WORLD. By Charles M. Solley and Gardner Murphy. New York: Basic Books, Inc., 1960. 367 pp.

This is an advanced theoretical-experimental treatise on the perceptual act and on perceptual learning. The title is not exactly



precise, for only a chapter is allotted to changes 'as the child grows older' and there is no account of, or accounting for, the various idiosyncratic or societal worlds, or cognitive styles, which are created.

For its purpose, it is an excellent book, for it coordinates the far-flung research material of the psychological laboratory and the insights of the conceptualizers into a comprehensive and modest point of view on learning and perception. The perceptual act is schematized in this sequence: expectation of stimulation→ attending→ reception→ trial-and-check, along with autonomic and proprioceptive arousal and feedback→ final structuring of the percept. Separate chapters survey the evidence pertinent to each stage.

The psychoanalytic practitioner will have special interest in the chapter on autonomic arousal and feedback, and in the one on the place of consciousness and conscious meaning in perception. Psychoanalytic sources, especially Rapaport, G. S. Klein, Braatöy, Schilder, Freud's famous Chapter Seven, and others, are drawn upon freely.

LOUIS PAUL (BEVERLY HILLS)

THE UNITY OF BODY AND MIND. By Lothar Bickel. Edited and translated by Walter Bernard. New York: Philosophical Library, Inc., 1959. 167 pp.

Written by a philosopher, this book is based chiefly upon the ideas of Spinoza and Constantin Brunner. While extolling and developing these, it is negatively critical of psychology, both clinical and academic. The book presents meticulous theorizing. Bickel operates with general ideas, rather deductively applied, which are derived from reading the works of other investigators whose writings depend upon first-hand observational data. It is interesting to see a philosopher endeavoring to create a psychology only by inspection, introspection, and critical review of the concepts of scientific workers. Perhaps this work is analogous to that of the theoretical physicist who never enters a laboratory but is acquainted with experimental work and develops his theories from such work. But the results of Bickel's efforts seem to this reviewer to be more critical than constructive.

The essential idea appears to be, if we may oversimplify, that the

personality can be studied in three parts—*affect*, *cognition*, and *volition*, and that unity is achieved by the realization that these are only different aspects of the same thing, all basically representing emotion. To cite a single example, psychoanalysis is taken to task for formulating a conscious and an unconscious, because this is a dualism instead of a unity. As for the rest of the critique of psychoanalysis, the author appears not to take into account the fact that Freud could not start with a preconceived unified theory but derived his theoretical formulations as he went along from his increasing observational data. Psychoanalysis is far from perfect as a theoretical structure and is open to a great variety of constructive and destructive criticisms, but those by this author do not seem to be based on a sound grasp of the observations upon which psychoanalytic concepts are based. The same tone pervades the other critiques, as shown in such subtitles as *Overevaluation of Affectivity—Klages and Spengler*, or *The Basic Error of Metaphysics: 'Absolute' Knowledge*. The writing is abstract; perhaps reflecting a greater profundity than this reviewer appreciates.

A tiny fragment of the flavor is reflected in the following: 'Man is not on one side an association-kaleidoscope or a psychoanalytic repetition-apparatus, and on the other side the engineer attending to these contrivances. Neither does he become that definite something merely by the accidental connection of ideas or the resolution of complexes. Rather he connects the former and manages definite, autonomous power which, in all its actions and reactions, can and must be thus and not otherwise.'

LEON J. SAUL (PHILADELPHIA)

CREATIVE VARIATIONS IN THE PROJECTIVE TECHNIQUES. By Molly Harrower, Ph.D., et al. Foreword by Bruno Klopfer. Springfield, Ill.: Charles C Thomas, 1960. 138 pp.

Each of the three papers collected in this small volume offers a novel approach to the application of psychological tests transcending their original function as diagnostic instruments. In *Projective Counseling*, Molly Harrower presents a variety of techniques for making therapeutic use of raw test data in individual or group counseling. For instance, in short-term counseling an individual may



be guided to focus associations on apparently significant or obviously pathological test responses. Structured material, such as intelligence test responses, can be implemented in student group counseling to clarify interference of emotional problems with intellectual processes. To explain to individuals their possibly deviant place on a normative chart of test responses may, according to Dr. Harrower, facilitate acceptance and utilization of their own assets and liabilities in a more realistic manner. Combinations and variations of these techniques have also been used successfully in marriage counseling to help partners understand and tolerate each other's different perceptions of, and reactions to, various life situations. The author emphasizes that, far from being short-cut measures, these procedures require high technical skill and experience in both diagnostic and therapeutic work, particularly since their main purpose is prevention rather than cure, so that judicious selection of patients is of prime importance. In other words, the method seems appropriate and useful in cases in which an intellectualizing, impersonal approach to a circumscribed problem and circumvention of transference reactions appear preferable.

Interaction Testing, a technique for the psychological evaluation of small groups, presented by Drs. Melvin Roman and Gerald Bauman, may, at first glance, seem to share some procedures with projective counseling. Its prime merit, however, is its function and promise as a superb research tool. Based on the theory of 'individual-group psychological isomorphism' (the assumption that 'groups can be characterized as dynamic wholes having psychological attributes of their own including intelligence and personality'), the authors assemble three kinds of data: 1, individual protocols of customary tests such as Rorschach, Thematic Apperception Test, Wechsler-Bellevue, and the like; 2, responses to the same tests arrived at by the group-as-a-group; and 3, most important, the manner in which the latter were arrived at, as painstakingly observed and noted by an examiner. These data yield a wealth of heretofore inaccessible information. Thus comparison of the group responses with those of individual members reveals how, and to what degree, the group-as-a-group makes use of the inner resources of its members. If, for instance, the group response differs from that of individual members, the result may either show that one member prevailed or constituted a totally new response derived from the constructive or de-

tructive processes in the interaction. Illustrative case studies of a comparison of two marriages, of an engaged couple in conflict, of a mother and schizophrenic son, of a stable homosexual relationship, and of a therapy group at two points in treatment make fascinating reading. Almost like 'candid' snapshots, they lend three-dimensional life to concepts, highlighting the workings of *folie à deux*, a 'schizophrenogenic mother' in action, or the hidden gratifications that make a sadomasochistic relationship so durable. Interaction Testing should not be viewed as only a much needed instrument of research, but consideration should be given to its value in therapy.

In distinction to the other two contributions, Dr. Pauline Vorhaus's Structured Interview Technique is chiefly valuable for diagnosis but also promises to help in research. It consists of a formalized combination of two widely used, more or less informal techniques. The patient is instructed to 'use his imagination' in making a 'real person' out of his same sex figure drawing. It is the examiner, however, who really plays the role of Pygmalion by asking a standard series of questions covering main aspects of functioning as well as past and present history of the figure. Immediate repetition of the same questions with the patient himself as subject—the so-called 'same-different technique'—constitutes Dr. Vorhaus's ingenious innovation. Retaining the hypothesis that the figure drawing reveals significant though heretofore poorly validated information about the self-concept, the data assembled by the Structured Interview highlight at least three important areas: intra-test discrepancies, differences between the figure and the patient, point to foci of conflict; inter-test discrepancies, inconsistencies in response to either the figure or the self, may enable the examiner to draw conclusions about defenses; and combining these inferences with the life history, Dr. Vorhaus has developed a method of arriving at the patient's ego identity struggle based on Erikson's concepts. Finally, in conjunction with the Rorschach, which probes unconscious conflicts, the Structured Interview may function as a fairly dependable prognostic indicator.

This projective technique also serves the second function of a psychiatric interview, for it seems to make it easier for patients to talk about themselves. This apparent facilitation may have two causes. Many people find it easier to present their own problems in disguise, 'a friend of mine asked me...'; the Structured Interview



offers such a ready-made, make-believe person. Moreover the very fact that this is a formalized testing procedure seems to make the questioning appear less personal and hence less threatening. In particular, the method has proved an invaluable aid with adolescents who, as a group, are generally most reluctant to divulge information about themselves. Also, in a situation where testing and therapy have to be carried out by the same person, the Structured Interview may provide a natural bridge from one function to the other.

Among the areas in which the Structured Interview may be used as a research tool that of the figure drawing test stands out. This test has been widely used for years and yet remained rather enigmatic, partly because artistic talent is an almost incomprehensible and confusing variable. By eliciting a limited aspect of the projected self-concept such as the ego ideal, a previous ego state, the rejected self, or the like, the Structured Interview serves as a check and balance to sweeping conclusions drawn from the figure-drawing test as well as a new avenue of research into its scope and meaning.

Summarizing, it may be said that this volume not only illustrates the significant strides projective psychology has made over the years but also provides stimulation and encouragement for the systematic modification of techniques so urgently needed in our work.

GERTRUD M. KURTH (NEW YORK)

A RORSCHACH READER. Edited by Murray H. Sherman. New York: International Universities Press, Inc., 1960. 440 pp.

Forty years ago a young Swiss psychiatrist published a small volume, *Psychodiagnostics*. Dr. Herman Rorschach described his simple psychological experiment and wrote, 'The theoretical foundation of the test is still partly in its beginnings'. Since the appearance of this modest book, a steady and all-encompassing Rorschach literature has developed. In *A Rorschach Reader*, Sherman has assembled from professional journals important milestones in the growth of the ink-blot test into a mature clinical instrument. In contrast to many manuals concerned with administration, scoring, and interpretation, this is a source book and text for collateral reading.

The five sections in the book demonstrate the varied aspects of the Rorschach as a tool for research and psychological understanding.

Part I, *Rorschach Findings in Psychopathology*, consists of studies of diagnostic categories with case histories and statistical data. Through the presentation of protocols, the authors share with the reader those processes, scientific and intuitive, that culminate in a dynamic picture of the personality. The approach is sensitive and thoughtful, and the reader will encounter many probing questions and insights. The chapters on borderline and latent schizophrenia present the challenging problems frequently encountered in clinical practice. Rorschach findings that reveal a greater degree of pathology than is visible in surface behavior may represent a prevalent cultural and psychological phenomenon. It is gratifying that the subject is presented not as an array of pathological features, but as an integrated gestalt, with reference to positive predictive factors.

Some of the discussions in Part II, *Rorschach Findings and Vocational Choice*, rely too heavily on overanalysis and quantification of data, with sterile results. In a general way, studies of various professional groups corroborate clinical impressions. Roe's articles on *Painting and Creativity* reflect a dynamic approach. Recent experimental evidence in this field reveals the impetus of ego psychology. Myden's comparisons of the protocols of creative and noncreative persons give a graphic portrayal of Kris's concept of regression in the service of the ego.

Part III is concerned with *Rorschach Findings Among Other Cultures*. Work with people for whom the concept of psychological examination is so alien, teaches us much about our own values in testing. New meanings, new criteria, new standards of psychopathology must be established. Some of these studies have been included in anthropological investigations and are valuable in the formulation of unconscious dynamics. The fidelity with which these test findings mirror the cultural patterns of primitive societies demonstrates the fluid, subtle possibilities of the Rorschach.

Part IV is devoted to an *Experimental Use of the Rorschach*. The test was developed in a psychopathological framework and its meaning is derived from a psychiatric orientation. In a study of content analysis, the authors attempt to correlate test factors with primarily adaptational data. Other studies with a factorial approach may add to a deeper understanding of its use in prediction.

This reviewer was particularly impressed by Part V, *The Interpretation of Test Results*. These studies of the psychological mean-



ing of various test components expose the subjectivity of the examiner. The psychological report in clinical practice becomes, in itself, a subtle projective technique. The wide range in format, approach, and emphasis reflects differences in the psychologist as the final integrating influence. The studies of Rorschach determinants reveal the close interweaving of the interpretative and creative processes. Early investigations of movement by Furrer and Piotrowski still demonstrate remarkable psychological insights. Schachtel's classic article on Color and Affect is a major contribution to the problem of color perception. The affective significance of color has deep æsthetic and historical roots. This is a lucid exposition of man's sensitivity to the 'charm of color' and his emotional relation to his environment. The interpretation of content remains a subject of sharp controversy. Brown lists recurrent symbolisms that have a high correlation with clinical data which can be used in the final psychodynamic evaluation of the test findings, but he is rightly cautious about the need for fine clinical judgment in this regard. Schafer describes the influence of transference elements on the Rorschach, using transference in the psychoanalytic relationship as a model. Important similarities and contrasts between the Rorschach situation and the initial psychiatric evaluation are discussed.

This compilation includes excellent contributions by acknowledged Rorschach authorities. The studies raise provocative questions and focus attention on many profound and unsolved problems. The book is directed to the clinical psychologist, but it should be of value and interest to those in allied disciplines. Increased familiarity with psychological techniques may lead to more meaningful communication between the therapist and the psychologist. The bibliographies are specialized and extensive.

MIRIAM G. SIEGEL (NEW YORK)

## ABSTRACTS

*International Journal of Psychoanalysis*. XLII, 1961.

**Processes of Mourning.** John Bowlby. Pp. 317-340.

In this paper the author continues his study of mourning and explores some of its basic psychological processes and their biological roots. He particularly emphasizes the fact that his data is derived primarily from young children undergoing separation from their mothers and contrasts this with Freud's 'mistaken distinction between healthy and pathological mourning'. He draws attention to mourning responses in lower species in order to emphasize the primitive, biological processes that are at work, but at the same time recognizes that 'there are probably also features of mourning specific to man'. Bowlby divides mourning into three phases. In the first, the child is bewildered, angry, and weeps. The second phase is characterized by despair and disorganized and agitated behavior due to the lack of an organizing object; the subjective awareness of this state of disorganization is referred to as depression. The third phase is less clearly described. It deals with the capacity to tolerate the disorganization of mourning and to undertake a reorganization directed toward a new object. Even in healthy mourning the third phase involves processes seen in pathological mourning, such as a split in the psychic apparatus in which the lost object continues unconsciously to lead an independent life or the child's continuation to live as though the lost object were present or retrievable. The pain of mourning is accounted for by the long persistence of yearning for the lost object and the repetitive experience of disappointment upon not finding it.

**Mourning and Adaptation.** George H. Pollock. Pp. 341-361.

Using Claude Bernard's concept that animals exist in an external and internal environment and extending this idea to the realm of psychology, the author discusses mourning as an adaptational process of the internal psychic environment to an altered external environment. The loss of a significant object causes a disturbance in object relationships that is seen as antiadaptational. In order to re-establish a state of ego equilibrium a mourning process is set in motion. Pollock describes acute and chronic stages of mourning: the acute stage is visible in animals and birds; the chronic stage requires a psychic organization of the human type. The cathexis of a new object is not part of the mourning process alone but is an indicator of the degree of resolution of the object loss in terms of the adaptational process.

**A Definition of Identification: A Review of the Literature.** Robert H. Koff. Pp. 362-370.

The author reviews the literature on the concept of identification and presents a scientific definition of the word: 'a "true" (secondary) identification is a consequence of a "true" object relationship, with a renunciation of that object in the external world'. To distinguish identification from other similar phenomena, it is further described economically as an attempt to conserve libido: structurally,



as changes in the self to resemble an object; dynamically, to conserve libido by offering one portion of the self as a substitute for an external object.

**Family Role and Identity Formation.** Peter Lomas. Pp. 371-380.

Lomas describes a patient who failed to establish an identity of her own as a result of her ill family forcing an identity on her which conformed to their needs. The patient's illness derived from her inability to establish a sense of individuality or uniqueness and some of her symptoms represented the attempt by her superego to suppress individuality. The author suggests that the psychopathology of a sick family has a pattern of its own in addition to the psychopathology of its individual members. The illness of this patient is described in terms of a failure of family organization; the family lacked communication with the external world and developed excessive dependence upon its members. Their insecurity caused anxieties over possible disintegration and a defensive denial of these fears by the creation of a family myth of mutual love and loyalty. Lomas comments on some of the factors from which a sense of identity is normally derived and how these factors are influenced by an emotionally disturbed family.

**Personality Formation in Adolescence and Its Impact Upon the Psychoanalytic Treatment of Adults.** Stefi Pedersen. Pp. 381-388.

In this paper the author describes the significance of adolescent personality in the formation of mature adulthood. Adolescence is the phase of life in which the individual develops a great ability to sublimate. The ego ideals of the adolescent are invested with a great amount of narcissistic libido, and a pessimistic attitude toward the ideals of youth can result in serious personality disturbances later in life when a relatively mature adult should remain loyal to his ideals but be able to alter the means of realizing them. In general the writer does not believe that a patient's childhood conflicts can be analyzed without a thorough understanding of the identifications and displacements which occurred during adolescence. Four case histories are presented which show that disturbances in adolescence due to conflicts between goals and methods of achieving them prevented maturation.

**Provisional Evaluation of Psychoanalysis with Few Parameters Employed in the Treatment of Schizophrenia.** L. Bryce Boyer. Pp. 389-403.

Boyer reports the results of a thirteen-year experiment in the treatment of schizophrenic patients with psychoanalysis modified by the use of a few parameters. The psychoses of these patients appeared to be removed and a transference neurosis developed which was amenable to continued analysis. The author comments that his success may have been due not only to his method, which he describes in some detail, but to some special qualifications of the therapist. The principal obstacle to the successful analysis of schizophrenic patients may be found in the countertransference. In the early phases of the analyses reported here efforts were directed toward interpretations of defenses, improvement in reality testing, and indirect superego support. Later, effective replacement of cold, unloving introjects was accomplished.

**Prostitution, the Body, and Human Relatedness.** Marc H. Hollender. Pp. 404-413.

This paper deals with the psychoanalyses of two women who had been prostitutes. Both patients had been taught by their mothers that sexuality was a relationship of bodies and not of persons. The author feels that, in his patients, prostitution could be compared with hypochondriasis because both conditions are only one step removed from a completely objectless state (like that seen in the first six months of life) in which people are regarded only as providers of relief from physiological tensions. Both patients showed a dependent and hostile attachment to their mothers and lacked a sustained father figure with whom they could relate.

**A Case of Bronchial Asthma With Unusual Dynamic Factors, Treated by Psychotherapy and Psychoanalysis.** L. Börje Löfgren. Pp. 414-423.

A thirty-year-old married woman developed bronchial asthma at age twenty-six during her third pregnancy. Her illness progressed to the point of severe physical disability and for a time to addiction to demerol. In this patient the suppressed cry—psychodynamically stressed in the literature on bronchial asthma—was related to an experience of strangulation at the hands of an imbecile woman when she was a child; following this injury she had to wear a neck cast. This incident had been repressed. After nine months of treatment in a hospital setting the asthma disappeared.

**Jocasta's Crimes.** Harold Stewart. Pp. 424-430.

In a scholarly paper the author examines the Oedipus myth. Starting with the puzzle that Oedipus's crimes of parricide and incest were punished by self-blinding and banishment, and that Jocasta's crime of incest was punished by suicide, he traces the story, noting particularly the activities and statements of Jocasta. He concludes that Jocasta was aware of her responsibility for the murder of her husband and incest with her son, and that these crimes were committed as a means of combating her persecutory mother superego figure. Stewart also suggests that such wishes may be as universal in women as oedipal wishes are in men.

**Chekhov and Schreber: Vicissitudes of a Certain Kind of Father-Son Relationship.** Leonard Shengold. Pp. 431-438.

In 1892 Anton Chekhov wrote *The Black Monk* which described a paranoid psychotic similar to Schreber, whose case Freud used in 1911 to illustrate the psychodynamics of homosexuality. Shengold compares the father-son relationships in Chekhov's life, *The Black Monk*, and the Schreber case (drawing on Nederland's work on Schreber's father), and finds all three fathers to be grandiose and paranoid, with confused sexual identities and castrative of their sons. He also discusses some significant ideas dealing with dreams and delusions (Chekhov's story developed from a nightmare), the creative process, and the work of the psychoanalyst.



**The Concepts of Normality and Mental Health in Psychoanalysis.** E. E. Krapf. Pp. 439-446.

The author discusses the concepts of normality and mental health, emphasizing the differences that exist in the literature of psychoanalysts and non-psychoanalytically oriented writers. He subscribes to a functional and structural approach, reminding us of a formulation he offered in 1955 that in the mentally healthy person the behavior is always characterized by qualities of reasonableness and balance. He suggests that the psychoanalyst consider as healthy an individual who shows himself capable of flexible adaptation.

**The Relevance of 'Style' to Certain Aspects of Defense and the Synthetic Function of the Ego.**<sup>1</sup> Victor H. Rosen. Pp. 447-457.

Observing that problems of style have been neglected by psychoanalysis, the author makes a preliminary attempt to describe it for psychoanalytic purposes. He defines style as a 'progressing synthesis of form and content in an individually typical manner and according to the individual's sense of "appropriateness"'. It is also one of the most constant aspects of the expressive activity of an individual. Involved in style are personal mental contents, the individual's sense of appropriateness, the synthetic and differentiating functions of the ego, and the use of conventional forms of expressive media so that a recipient may participate in the message. Following a discussion of style in literature and art, Rosen suggests ways in which psychoanalysis may contribute to it and also derive benefits of both a practical and theoretical nature. He gives three examples of 'stylistic defenses' in psychoanalytic work and describes disturbances in style as evidence of disturbances in the synthetic function of the ego.

**The Biographer and Psychoanalysis.** Leon Edel. Pp. 458-466.

In a tribute to the memory of Edward Hirschmann, who was interested in biography and applied psychoanalysis, the author, a literary historian, discusses biography and psychoanalysis. He describes the means and goals of the two disciplines and expresses personal horror at the misapplied psychoanalysis used in current literary journals where psychoanalytic language and ideas distract and confuse rather than truly portray. He quotes from Jones's biography of Freud to illustrate how biography ought not to be written; when the literary biographer borrows from the shorthand of psychoanalysis it is his duty to decipher and translate it. Psychoanalytic language is not the language of the people or of literature or literary criticism.

**Aggression and the Concept of Aim in Psychoanalytic Drive Theory.** F. Gordon Pleune. Pp. 479-485.

The author suggests that the concept of dual instinctual drives as quantities of energy with inherent opposing aims should be modified because it is not logically in keeping with current scientific knowledge of energy and dynamic transactional systems. Starting with the idea that primary aggression is present in man as a

<sup>1</sup> Cf. also, *This QUARTERLY*, XXX, 1961, pp. 466-469.

tendency toward destructiveness (a need to attack, injure, or destroy himself or others) and that it is considered to be the expression of an instinct in the same sense as man's striving to live, to have sexual satisfaction, and to reproduce. Pleune then proceeds to discuss his thought that Freud's model of psychic energy drive and aim should be revised. He feels that Freud's concept that an inherent aim or goal to which biologically-produced psychic energy strives has produced awkward theoretical problems in the light of physical science, which indicates that energy has no aim. It is the author's opinion that aggression is not a primary biological need or aim but rather an intermediate phenomenon in the course of trying to satisfy the primary drives toward maintenance and reproduction.

**The Clinical Estimation of Ego Libido Content.** Mortimer Ostow. Pp. 486-496.

As a result of using drugs, phenothiazine tranquilizers, and hydrazine energizers with a few analytic patients, the author has made observations which he feels illuminate certain psychopathological phenomena and which can provide the analyst with an additional dimension in his view of the movement of psycho-analytic events. Ostow describes Freud's concept of libido as a fluid substance or entity supplied by the id to the ego, and required by the ego for its work; in melancholia the ego is depleted (impoverished) and in mania it is surfeited. From this point there is a continuum of ego states, varying from minimal libido in melancholia to overwhelming libido in mania. The author describes, names, and discusses ten such libido positions in an attempt to relate ego libido to the strength of a patient's ego. Several examples of the use of this concept of an ego-libido range are given from clinical material.

**The Range and Spirit of Psychoanalytic Technique.** Ishak Ramzy. Pp. 497-505.

Ramzy describes the psychoanalytic treatment of a difficult case of drug addiction and maintains that it is possible to keep technically within the range of a purely interpretive approach. After briefly discussing the psychopathology of drug addiction and the therapeutic difficulties related by some writers, he mentions Eissler's warning regarding the dangers in the use of parameters. The author explains his use of a 'focused' approach in technique, which he feels differs only in degree from the standard 'expectant' analysis.

**The Night Residue.** Alan F. Leveton. Pp. 506-516.

The author considers the effects on waking life of the night residue, which he defines as a psychological phenomenon derived from the return of repressed material occurring during sleep and which persists in some form into the waking state due to incomplete re-repression upon waking. Most often the night residue is a manifest dream; however, other night residues such as psychotic and conversion reactions, a belief in the prophetic nature of dreams, morning depression, sleep phobias, and rituals exist. These are briefly described. The night residue has adaptive and individual significance.



**The Relationship of the Acute Confusional State to Ego Development.** Helen B. Carlson. Pp. 517-536.

This paper is a continuation of the author's work on the acute confusional state, employing case material from the psychoanalyses of eight adult patients. An attempt is made to recognize elements of the acute confusional state during psychoanalytic treatment and to correlate them with aspects of ego disintegration and reintegration. From previous work the acute confusional state is felt to be a transitory, self-limiting symptom complex occurring when the ego is overwhelmed by demands from internal or external sources. After a review of the literature on confusion and confusional states, four cases are described in some detail, and a series of factors which contribute to its development are discussed and related to anaclitic depression and schizophrenic processes.

**Agoraphobia.** Bruce Ruddick. Pp. 537-543.

The author reviews the problem of agoraphobia and sees it as a symptom not exclusively hysterical. From his material, he demonstrates agoraphobic symptoms associated with obsessional neuroses, depressions, character disorders, and conversion hysterias. In his discussion, he emphasizes the role of early trauma and pregenital fixations in agoraphobia, including the psychopathology of the parents in contributing to the formation of a defective superego.

**Pregenital Aspects of Pregnancy Fantasies.** Gilbert J. Rose. Pp. 544-549.

In two male patients the author found that the boys' envy of the mothers' reproductive ability produced identifications with the active, omnipotent, baby-producing preceidipal mother. In addition, these cases indicate that male pregnancy fantasies may serve as defenses against death wishes and separation anxiety. In a third case, that of a female writer, the pregenital aspects of pregnancy fantasies were related to problems of creativity. While the psychoanalytic literature on pregnancy fantasies in the male is largely concerned with phallic aspects, this paper emphasizes the pregenital aspects of such fantasies.

**The Doll: Some Clinical, Biological, and Linguistic Notes on the Toy-Baby and Its Mother.** Noel Bradley. Pp. 550-555.

Bradley's observations and conclusions, independently arrived at, provide striking confirmation of Kestenberg's theory that the doll represents the projection of the little girl's vaginal sensations. This projection is preceded by earlier pregenital pregnancy fantasies. Material from the analysis of a young, unmarried woman is employed to illustrate the author's observations. The history of the word 'doll' is also traced; its derivation conveys the unconscious meaning that the doll is a prostitute.

**Color in Dreams.** Angel Garma. Pp. 556-559.

As a result of his experiences with patients who present dreams in color, the author states that the real common denominator in such dreams is the existence of repressed anal excremental contents. With this understanding, he has been able to delve further into the associations of his patients and to make more

thorough and precise interpretations. A number of examples of such dreams are cited to illustrate these observations.

WILLIAM P. KAPULER

**Bulletin of the Philadelphia Association for Psychoanalysis. XI, 1961.**

**The Course of Illness.** Karl Menninger. Pp. 45-60.

Menninger questions the concept of a natural course of mental illness comparable to that seen in many physical illnesses. Rather, he sees the process of mental illness fluctuating with the ebb and flow of life, depending upon the interplay of internal and external forces which favor and oppose recovery. Recovery is an ambiguous term referring sometimes to process and at other times to the end state of process. In either instance mental illness is a cumulative failure of function; recovery is a reconstitution of function. In the face of disintegration, the individual uses different orders of emergency devices to insure survival. When the processes of recovery begin, more extreme defense measures are abandoned or compromises become established. Opposing recovery are internal and external factors such as resistance (which may be the psychological equivalent of inertia), primary and secondary gains from illness, persistence of the precipitating stresses, ignorance, age and infirmity, entanglement with diverse social complications. Facts and forces working for recovery include pain and suffering, positive human relationships, adequate work and play. The physician influences the course of illness to the extent that he can mobilize or alter various forces so as to change the balance in the direction he seeks.

**Silence in Analysis.** Maurie D. Pressman. Pp. 101-115.

Pressman reviews theories of silence in analysis, postulated by Baker and Fliess, summarizes Bergler's libidinal classification, and offers his own structural classification. Silence due to predominance of ego factors reflects the existence of psychic equilibrium or situations where the ego deems it wise to remain silent. Superego silence may indicate prohibition of speech because it is aggressivized or sexualized; it may represent punishment for id impulses. When id factors prevail, the significance of silence will, of course, depend upon the libidinal level and the transference. Like any other psychic product, silence is overdetermined. It is not only a resistance but also a communication. The special quality of silence is dependent not so much upon the underlying fantasies as upon the fact that the speech apparatus has been chosen as the site for the expression of fantasies. This can be understood in terms of specific determinants in the patient's history and general considerations, such as the special suitability of silence for defense purposes, its contribution to the secondary process, and its effectiveness in expressing some id drives.

**About 'Telling the Child' of His Adoption.** Lili Peller. Pp. 145-154.

Most adoption agencies advise or even require a written pledge that the adopting mother tell the child at the earliest possible age, and repeatedly thereafter,



that he has been adopted. In the light of psychoanalytic experience and theory, Peller strongly criticizes this practice. Information about adoption is highly charged material affecting the child's sexual and sadistic fantasies. Hence, indiscriminate communication of such material may evoke either massive denial by the child or it may be grossly distorted by the child's fantasies. Forcing such information on the child may severely interfere with his working through oedipal fantasies. Much more observation and information concerning the task of confronting the child with the fact of his adoption is needed. Just as the analyst attempts to form and time his interpretations according to what is meaningful and can be assimilated, the foster parent would be well advised to tell the child of adoption at a time and in ways which the child can tolerate, comprehend, and integrate into the whole of his understanding.

**On Polygamous Women.** Norbert Bromberg. Pp. 155-167.

A syndrome, characteristic of a type of polygamous woman, and some of the forces that have shaped her character is described. Patients of this type are said to be so similar to one another that a composite picture can be drawn. Usually the patient's marriage is realistically sound and she does not really wish to dissolve it, although at the height of her compelling infatuation she may complain that her husband is too sober and undemonstrative. The husband is most often admired and respected by the patient as well as others; the lover is usually married and a depreciated male without the admirable qualities of the husband. The extra-marital relationship is always based on a momentary overvaluation; sado-masochism is an outstanding feature.

Bromberg describes the typical polygamous woman. The mother would be the more dominant parent and would have indulged in extra-marital affairs. As a child the patient would have felt extremely deprived and a sense of incompetence, worthlessness, and unattractiveness would develop. Praise and admiration would be sought with great intensity but never enjoyed when forthcoming. Penis envy would be intense. Such a woman is invariably an oral individual and there is great hunger for the penis-breast of the phallic mother. She has had great difficulties in identification; her extra-marital experiences derive in part from identification with her mother and in part from a regressive flight from her responsibilities as wife and mother. The quest for a penis derives not so much from a need to compete successfully with the man but for a symbolic satisfaction of her profound sense of deprivation. These patients have not only been deprived by their mothers but their fathers have also failed them. Because of identification with the frustrating father, the patient will marry a man who represents an ideal father. When the husband withdraws some of his support, the patient is thrown off balance. In the extra-marital relationship the man represents a phallic mother; the patient seeks not only acceptance and approval but also gratification of her hostility. In intercourse she not only 'repossesses' the penis but she metes out painful punishment to the phallic mother, represented by her lover. At the same time she revenges herself against her neglectful father, represented by the husband.

**On the Analytic Situation: The Analyst is Silent.** Maurie D. Pressman. Pp. 168-182.

In this paper the analyst's silence is discussed from the standpoint of its dynamic effects, its meanings to the patient, its contraindications, and the forces that tend to disrupt it. Silence creates the atmosphere most favorable for free association, gives time for the associations to converge, and undermines the patient's defenses. For the analyst, silence may provide the time and opportunity to work in an uncontaminated field and to absorb and reflect on the material offered by the patient. It also affords him the opportunity to bind his countertransference impulses, thus giving him greater objectivity. For the patient, the analyst's silence may have a variety of meanings, ranging from hostility and deprivation to confidence and love. The specific significance of the silence depends on the patient's genetic experiences. A number of specific contraindications to the analyst's silence are discussed. In general these occur whenever it increases the patient's resistance or impedes the progress of analysis.

EDWIN F. ALSTON

**Bulletin of the Menninger Clinic.** XXV, 1961.

**The Psychiatric Training of the Medical Student and Psychiatrist.** Robert H. Felix. Pp. 213-224.

The author makes two points of interest to analysts: 1, that there is increased need for emphasis on preparation for research and familiarity with current research practices and techniques on the part of psychiatric residents; and 2, that the National Institute of Mental Health is supporting a group who are preparing a major conference designed to evolve 'far-reaching principles' to guide 'the move toward integration of psychoanalysis into the framework of a university or medical school'. The increasing emphasis on the training of psychiatric residents in research principles and techniques will probably show up in the interests and attitudes of future candidates for analytic training.

**Interpretation Within the Metaphor.** Albert C. Cain and Barbara M. Maupin. Pp. 307-311.

The authors review the concept of 'interpretation within the metaphor', introduced in 1956 by Ekstein and Wallerstein. While they acknowledge the usefulness of such interpretations with borderline children who need to maintain psychological distance from the therapist, they caution that these interpretations, by their very nature communications on a regressed level, if improperly used may lead to further regression. Moreover, such interpretations are useful only when a relationship of 'some durability' has already been established. They further caution against the continued use of this type of intervention when the child has outgrown it, permitting its defensive use by the child who may enjoy 'puzzle-like talk and adult cleverness'.

HARTVIG DAHL



*Journal of the Hillside Hospital. X, 1961.*

**Cloud Fantasies.** Renato J. Almansì. Pp. 143-153.

Two analytic cases serve to illustrate that cloud phenomena are derived from oral developmental conflicts. Clouds are maternal symbols and cloud fantasies are expressions involving early percepts, as described by Spitz, Isakower, and Lewin.

**A Typical Dream.** Jacob A. Arlow. Pp. 154-158.

The dream of being interrupted during the act of defecation by the intrusion of some person or persons, or by some event, represents the primal scene experience and wish fulfilment. Intercourse is regressively depicted as defecation in which the original outsider is now observed by others. Both male and female roles are enacted. The mood, anxiety, and embarrassment express a latent vengeful wish toward the disappointing parent: 'I wish you'd feel what I felt when I saw what was going on'.

**Affect Communication in Therapy.** Paul Goolker. Pp. 170-182.

Affects are psychophysiological discharge phenomena. Variations in the communicative, expressive, and defensive functions of feelings and moods can be seen within the treatment situation, itself an affect relationship. The analyst's interest, objectivity, detachment, and capacity for understanding are affective qualities which aid treatment. Vision apparently plays a large role in affect perception, and nonverbal elements of speech aid in the communication of affect.

**Jewish Jokes and Their Relation to Masochism.** Martin Grotjahn. Pp. 183-189.

The Jewish joke shares with general jokes the guilt-free expression of aggression, the twist exemplifying how aggression is turned against the self. It combines sadistic attack with masochistic indulgence, and stands between wit and humor.

**Freud and the Demon.** Mark Kanzer. Pp. 190-202.

The Fliess letters show how Freud used myths, religion, and literature in his self-analysis to discover and uncover the 'demons' of the unconscious. Freud defined the demon as the death instinct itself, which takes precedence over the pleasure principle as the regulator of man's destiny. In therapy, limitations in establishing control over the realm of the demons (instincts) is respected, but Freud warned against a number of temptations that lie in the pathway of the would-be analyst. Psychoanalysis is founded on truthfulness, and self-scrutiny of its techniques provides the best safeguard against the persistence of demons of the irrational in any form other than as instincts in the service of the ego.

**Orientation and Conviction in the Psychotherapist.** Louis Kaywin. Pp. 203-218.

The conviction that the psychotherapeutic process is effective depends on the development of the therapeutic attitude and identity. The therapeutic attitude, in turn, depends on the orientation which can be developed regarding the gathering and understanding of psychotherapeutic data. The first difficulty encountered

is the switch required from the usual patterns of observing and attending, a switch away from the 'ground rules' of social communication in which it seems that all communication is taken at face value and is under conscious control. There must be an awareness of the existence of preconscious and subliminal impressions or stimuli in the treatment situation and of the longitudinal and genetic determinants for manifest observables, as well as for connecting links between them. In regard to understanding, the 'ground rules' include two basic assumptions: understanding is conscious and it is immediate. In contrast to this, the therapeutic orientation is one in which understanding cannot be immediate or conscious.

Without conviction about these orientations regarding therapeutic gathering and understanding of data the beginning psychotherapist may display limitation of perceptions with a tendency to deal with the patient's communications at face value, or he may ignore most manifest observables and think on deeper levels than therapeutically indicated, or he may be inactive. Didactic instruction, case supervision, and self-scrutiny contribute to intellectual acceptance or acceptance on faith. The problem is to convert this acceptance into objective therapeutic conviction.

**An Observation Concerning the Somatic Manifestations of Anxiety.** Sylvan Keiser. Pp. 219-223.

A thirty-five-year-old man in analysis spontaneously associated an anxiety attack with a memory of a blow to the genitals. Keiser postulates that this is not reported more often because the scrotal sac is less integrated into body ego and image formation than the penis. Damage to the penis remains the most significant dynamic factor. It is possible that the somatic symptoms of anxiety have their neurological basis in the reaction to a blow to the testicles.

**The Body Image and the Psychiatric Evaluation of Patients for Plastic Surgery.** Sandor Lorand. Pp. 224-232.

Patients seek plastic surgery in order to correct a real or fantasied defect in their physical appearance or in their mental representation of their physical appearance. There are three groups: those who are emotionally healthy and need an operation; those somewhat disturbed who need an operation; those with an exaggerated inferiority sense who do not need an operation. To be successful, the operation must not only correct a defect but must also aid in changing the mental image of the individual. Emotional disturbance involving marked exhibitionistic conflicts or hypochondriacal concerns is a contraindication for plastic surgery.

**The Problem of the Survivor. Part I: Some Remarks on the Psychiatric Evaluation of Emotional Disorders in Survivors of Nazi Persecution.** William G. Niederland. Pp. 233-247.

The terror of concentration camp experiences and Nazi persecution may lead to the following reactions in survivors: 1, pervasive depressive moods which contain periods of apathy and brief angry outbursts; 2, a severe guilt complex; 3, many varieties of somatization; 4, anxiety and agitation states; 5, more or less



radical personality changes; 6, psychotic or psychoticlike disturbances. The post-liberation period may be relatively symptom free as the guilt of the survivor is repressed for a time, especially with the aid of the magical hope that some of the dead family members may return. When there is eruption of guilt into consciousness, there may be depression, mental pain, and feelings of persecution.

**Turning Point in the Analysis of a Borderline Problem.** Robert A. Savitt. Pp. 256-260.

Repetitive acting out within the negative therapeutic reaction is a possible problem in the analysis of borderline patients. Confronting the patient with the analyst's negative countertransference reaction may help to clarify the defensive aspects of the analysand's transference reactions. This is illustrated in an analysis of a man with a long history of delinquent behavior who first openly experienced guilt and anxiety after such an intervention.

**A Note on Some Dream Symbols and the Significance of Their Changes During Analysis.** Melitta Sperling. Pp. 261-266.

Symbols in dreams, especially in recurrent dreams, can be very specific basic conflicts and fantasies in certain patients. These basic symptoms may change before changes are observed in a patient's conscious feelings and fantasies. Among the case examples is that of a sixteen-year-old schizophrenic boy who had had overwhelming primal scene experiences. He conceived of himself and his parents as wild beasts. He repetitively dreamt of stone statues, which changed to wooden horses and then into wild animals.

JOSEPH AFTERMAN

**Psychiatric Quarterly.** XXXV, 1961.

**The Fear of Traveling: A Discussion and Report of a Case.** Herbert S. Peyser. Pp. 284-294.

Many phobic reactions to travel are not true psychoneurotic phobias; rather they are associated with regression and other panphobic reactions, and originate in separation anxiety. The symptom, phobic reaction, usually disappears when the regression is reversed.

**A Review of the Psychoanalytic Literature on Passivity.** Henry Harper Hart. Pp. 331-352.

This extensive review points up the great confusion in the literature regarding the use of the term passivity and the understanding of its clinical forms. In general it is agreed that passivity is primarily the expression of a weak ego that is prone to regression, but the many frames of reference (such as passive-aggressive, masculine-feminine) are blurred and the processes go unexplained. The review provides a useful outline for the needed clarifications.

**Transformation of Oral Impulses in Eating Disorders: A Conceptual Approach.** Hilde Bruch. Pp. 458-481.

Eating difficulties, particularly in obesity, have been inadequately treated. Interpretations of the symbolic meaning of food and eating describe but do not

explain the psychopathology. The problem is how a bodily function can be transformed and misused in the service of nonnutritional needs. The primary disorder is due to faulty learning experiences in early life. If the mother's reaction to the child's sensation of hunger fails to validate the inner experience (by neglect, oversolicitousness, etc.) a confusion develops in his perception of body clues. Unable to experience his body sensations appropriately, he cannot differentiate himself from objects outside. The clinical symptoms and defense mechanisms are secondary to the basic deficiency in cognition.

**Schizophrenia and the Inevitability of Death.** Harold F. Searles. Pp. 631-655.

The many common and uncommon defense mechanisms of psychiatric illness, including schizophrenia, serve especially to keep out of the individual's awareness the fact of the inevitability of death—the focus of great anxiety. Television, radio, cinema, and language all tend to ignore or to discourage one's thinking about death. Learning to face the prospect of death as life's one certainty is essential for the reduction of anxiety and for a sense of personal identity.

BERNICE ENGLE

**Psychosomatic Medicine.** XXIV, 1962.

**Guilt, Pain, and Success.** George L. Engel. Pp. 37-48.

A highly instructive case history is presented as the focus for discussion of the reciprocal relationships between unconscious guilt, pain, and success. The patient was 'wrecked by success'—success in this instance being medical relief from pain and suffering. Remission of physical suffering was followed by a progression of emotional difficulties resulting in social and professional failure and culminated in a severe accident. Brain injury caused by the accident left the patient socially and intellectually crippled but at peace with his psychological conflicts.

**A Psychological Basis for Indifference to Pain.** Stanley F. Schneider. Pp. 119-132.

Three contributions are presented as the background for a theoretical discussion of the psychological basis for 'congenital' indifference to pain. A psychoanalytic formulation is suggested to account for this phenomenon on the basis of a regressive reactivation of primitive denial mechanisms by the ego under the stress of oedipal or phallic conflicts. Although the theoretical discussion leans heavily on considerations of early life as well as childhood difficulties, there is little material in the histories that provide convincing data on these points.

**Perceptual and Conceptual Disturbances in Anorexia Nervosa.** Hilde Bruch. Pp. 187-194.

In the course of study and treatment of twelve patients with anorexia nervosa the author concludes that traditional formulations of conflict and defense fail to describe the essential psychopathology. Disturbances of body image, impaired perception of internal bodily states, and an enveloping sense of ineffectiveness are identified as the common salient features. Dr. Bruch's treatment is directed to-



ward developing awareness of the existence of feelings and drives and their realistic fulfillment.

ROBERT D. TOWNE

Archives of General Psychiatry. V, 1961.

**Ego Adaptation and Cultural Variables.** Peter L. Giovacchini. Pp. 37-45.

Material is presented from the treatment of five second-generation men, showing character development that the author deems to be distinctive. Under the impact of family constellations that contained a self-sacrificing but guilt-producing mother and a stern, aloof father, and an unworkable identification with a new culture, these men developed a character structure whose main elements were pseudomaturity and clowning. The older, foreign-born siblings were spared this because of stabilizing pride and identification with the old culture.

**Unconscious Mechanisms of Magical Repair.** Aaron Karush and Lionel Ovesey. Pp. 55-69.

The authors focus attention on the wish of most patients for a magic cure by the therapist and the unconscious mechanisms that produce it. Using the adaptational point of view, they review the developmental steps every infant goes through in his growth toward independence from his mother. Childhood experiences that tend to drive the child back to the stage of magical dependency, such as separation from the mother, are discussed. Clinical examples are given to show the manifestations of the dependency conflicts in adults. Patients who never achieved appreciable independent positions are least likely to benefit from treatment; the best that can be offered is a kind of transference 'cure'.

**Ego, Insight, and Will Power.** Roy R. Grinker, Jr. Pp. 91-102.

An attempt is made to explain the reasons why some patients who are genuinely motivated, capable of developing transference, and have insight with affect and working through, fail because they are incapable of using action to implement the changes effected by therapy. The author discusses will power, which he considers an ego function, and stresses the need for action before change can take place. Case histories are presented which display difficulties that are interpreted as inhibitions due to pathological self- and object-representations as well as pathological identifications due to impaired mother-child relationship.

**Tickle.** Joseph G. Kepecs; Milton Robin; and Clare Munro. Pp. 237-245.

Experimental observations of infants and children stroked with cotton wisps were used in an attempt to elucidate the psychology of the tickle response. An actual response to tickle first appears at about three and a half years. The authors postulate that it represents the original, painful excitation, fused with sexuality and controlled by the ego. It emerges as a limited, localized pleasure but with a painful, frightening note.

**Deflection of Hostility in *Folie à Deux*.** Sydney E. Pulver. Pp. 257-265.

Three cases of *folie à deux* are presented to demonstrate that the process develops in the prepsychotic relationship and that the primary partner is strongly

dependent on the secondary partner. The primary partner begins to feel that the secondary partner is taking advantage of his dependent needs and becomes increasingly angry. He then has to defend against the hostility to protect the relationship. This is done by projecting the hostility and results in paranoid delusions which he insists that the secondary partner accept. When the secondary partner at first refuses, the primary partner becomes more directly hostile. The ensuing anxiety forces the secondary partner to accept the delusions.

KENNETH RUBIN

**International Journal of Group Psychotherapy. XI, 1961.**

**Group Psychotherapy and the Nature of Schizophrenia.** S. R. Slavson. Pp. 3-31.

Schizophrenics are here characterized as lacking ego resources with which to combat the stress of living and as threatened by anxiety derived from their hostility and incestuous drives. Consequently their egos become fragmented, i.e., they break with reality rather than allow free expression of such impulses.

In individual or group treatment the schizophrenic must be supported by the therapist's ego. The patient should be confronted with present reality rather than be permitted to explore his memories and delusions. Progressive mastery of reality is gained through creative crafts. Group psychotherapy for psychotics provides an escape in silence and detachment, though identification and vicarious catharsis may undermine repressive capabilities; friendly interaction among the members lessens a tendency to autism. On the contrary, a schizophrenic may become the scapegoat in a group of healthier members.

GERALDINE PEDERSON-KRAG

**Journal of Abnormal and Social Psychology. LXII, 1961.**

**Cognitive Controls of Attention Deployment as Determinants of Visual Illusions.** Riley W. Gardner. Pp. 120-127.

Part of a series of investigations into 'cognitive styles' (individual consistencies in cognitive behaviors—perception, memory, learning, and others), the present study describes two independent cognitive control principles: field-articulation and scanning. Using various laboratory situations (embedded figures, rod and frame error, size estimation, illusions of several types, and a kinesthetic after-effect technique) the author isolates three factors relative to attention deployment. One of these is the field-articulation factor in which attention is limited to certain aspects of a problem; a second factor is that of scanning, the sampling of various aspects of the stimulus field. A third factor, proneness to stimulus satiation, is found to be less clearly related to the deployment of attention than are the other two.

**Self-Concept, Mother-Concept, and Food Aversions in Emotionally Disturbed and Normal Children.** Anthony Davids and Marcia J. Lawton. Pp. 309-314.

Groups of emotionally disturbed and adequately functioning boys in latency were administered tests of self-concept, concepts-of-mother, and objective ques-



tionnaires on food aversions. For both groups, self-concept and mother-concept were positively associated and directly related to food aversions. Particularly noteworthy was the finding that the disturbed children more often than the normal children indicated that they had never tasted food they felt they would dislike. The disturbed children were also significantly more variable in scores indicative of food likes and dislikes.

**Preconscious Perception: A Re-examination of the Pözl Phenomenon.** Harold Johnson and Charles W. Erikson. Pp. 497-503.

In a replication of some of the aspects of the work of Shevrin and Luborsky on the Pözl technique, the authors question the concept of preconscious perception, i.e., perception occurring outside of awareness.

IRWIN C. ROSEN

*Journal of Mental Science.* CVII, 1961.

**Autobiographies of Former Mental Patients.** Robert Summer and Humphry Osmond. Pp. 1030-1032.

This is a continuation and extension of the bibliographic list first published by the authors in the *Journal of Mental Science* in 1960 (CVI, pp. 648-662). Like the first list, it is of much value to students of pathobiography.

N. R.

*Journal of Mental Science.* CVIII, 1962.

**Masturbatory Insanity.** E. H. Hare. Pp. 2-25.

The author reviews the history of the masturbatory hypothesis of insanity in the last two hundred and fifty years, and the more recent masturbatory theory of neurosis. It is impossible to abstract this paper adequately; those interested in the subject should read the original article.

N. R.

*Revista de Psicoanalisis.* XVIII, 1961.

The following papers were presented at the Third Latin American Psychoanalytic Congress, held in Chile, January 1960, and were published in a supplementary issue.

**The Psychoanalyst's Dilemma.** Mauricio Abadi. Pp. 3-8.

**Psychoanalysts in the World at Large.** Mauricio Abadi. Pp. 9-11.

**Some of the Infantile Approaches in Psychoanalysts.** Willy Baranger and Hector Garbarino. Pp. 12-17.

**Psychoanalysts' Relationships.** Ramon Ganzarain and Bernardo Arensburg. Pp. 26-55.

**Psychopathology of the So-Called Didactic Analysis.** Carlos Whiting d'Andurain. Pp. 138-145.

The central theme of the papers presented at the Latin American Congress was the relationships of analysts in all their different aspects—between analysts

and candidates, between candidates themselves, between subgroups, and between institutes. Some of the roots of dissenting movements within subgroups are also discussed.

In Psychopathology of the So-Called Didactic Analysis, the reasons for the recent break of a group of analysts from the French school in Paris are examined. Analysts, especially those who are in a didactic position, sooner or later fall prey to the politics of the subgroups of their particular institutes. Because there are radial propositions coming from one central group, analysis has not spread itself in a uniform way. Any new radius of action brings to a newly created institute the thinking of the group involved. Analysis, as it is practiced within the psychoanalytic institutes, will continue to create dissension and friction unless it takes into consideration the personalities of its group members.

These papers are more comprehensive than articles dealing with comparable subjects by English-speaking authors. They should be read in their entirety and it is hoped that they will be translated.

**About the Psychoanalytic Aspects of the Transference in Neurosis.** Enrique Racker. Pp. 209-239.

In a clinical study the author describes how patients produce different defenses against superego conflicts as related to the analyst. Different strata have to be 'built up' to bring out the deep, basic meaning of the transference neurosis. In practically every case, Racker has found elements that appear to be psychotic, such as paranoid mechanisms and manic and depressive aspects of the transference. Only at the end of treatment is synthesis of the personality possible.

The author also finds a relationship between resistance and transference, and discusses the dynamics of the transference. He describes particular situations in individual cases where the technique applied had to accord with the special mechanism displayed by the patient at the particular time. In other words, different pathological stratifications in resolving the transference neurosis are necessary. One of his conclusions is that what the patient fears most is his inability to love—that is, to obtain a libidinal attachment with a satisfactory object in one or any of the different stages of the evolution of the transference. Basically, fear of loving is paramount as the patient feels that loving is a destructive act—to love is to expose oneself and to end up being abandoned. This threatens the dissolution or the dismembering of the ego; therefore, the imago of a good object that the patient might wish to eat or suck may turn out to be dominant—an object that might laugh at, humiliate, deceive, or take advantage of him. 'The sadism of this imago of the object is only a reflection of the patient's own pain—of the patient's own self-destructive feelings projected onto the analyst as a means of frustration or erotic rebuff from the analyst.'

Racker is aware that this masochistic situation appears in practically every patient. In some cases he has been able to demonstrate with transference material that it is not only the superego that is projected onto the analyst but any elements that until then have been encapsulated within the ego of the patient.



**On Curiosity.** Rebecca V. de Grinberg. Pp. 321-336.

Grinberg traces the concept of curiosity through all its vicissitudes. The relationship of curiosity to the child's need to explore the mother's body is one of the genetic elements emphasized. Since the author has had an opportunity to analyze a number of physicians, she postulates that the wish to know what is inside the mother's body might be connected with the drive to become a physician. She does not elaborate this point and has not had a surgeon in analysis, from whom the idea might be more clearly evident. However, phallic, anal, and other aspects of the concept are well described, as are the ego elements involved in the object imago.

**Symbiosis.** José Bleger. Pp. 361-369.

The author examines the autistic and timeless elements coexisting in symbiosis. He believes that symbiosis represents a narcissistic object relationship. It is related to the double phenomenon of projection and introjection, at times even a dissociation of both, and creates a projected role in the outside object, especially when there has been a pathological identification. Symbiosis is 'silent' and therefore appears in clear form as a symptom precisely when it no longer works. It aims at rigid control of an object in order to evade any rupture of the narcissistic relationship or a need to reintroject in a more normal way. The symbiotic relationship is a condensation of many complex and contradictory feelings and fantasies which are handled indiscriminately; when the intensity becomes unbearable, there is a sudden return of the repressed. Hence, it frequently produces an acute phobic state, fainting, fragmentation of the ego, distortion of body ego, or the phantom of the double. Hostility is turned inward, and there are feelings of depression, fear of looking into the mirror, and a sensation of disintegration. During treatment the main difficulties are related to creating nuclei of insights which the patient handles by isolation. When the patient is able to gain some insight, it appears in an explosive and thus dangerous manner. The therapist is then faced with personality disaster, lack of identity, distortions of body image, confusion between male and female roles, and a deficit of verbal communication with an increase in preverbal material.

GABRIEL DE LA VEGA

**Revista Uruguaya de Psicoanálisis.** IV, 1961-1962.

**The Analytic Situation as a Dynamic Field.** Madeleine and Willy Baranger. Pp. 3-54.

The unconscious means of communication is developed in the analytic situation with great intensity and facility. In analysis, a space configuration is very similar to what a patient experiences in claustrophobia or in agoraphobia, and can also be compared with the mechanism of phobias in general. The importance of the structural elements of space, distance, time, etc. in the analytic situation is dis-

cussed. The authors stress that the patient's expression of neurosis is a phobic way of avoiding the fundamental rule of free association.

The distance of the analyst to the couch, the handshaking before or after the hour, the way the patient lies on the couch, the analyst's posture, and like phenomena are dealt with. There is a discussion of patients who cannot tolerate ambiguity because of fear of losing control. In the countertransference, the analyst experiences a similar fear of loss of identity. In the authors' words, the analytic situation 'seems to have a quality of a fairy tale or dream, such as "once-upon-a-time" '.

The unconscious fantasies shared by the analyst and the patient, which also orient the manner in which the analytic field is proceeding, permit the analyst to select the timing of a precise fantasy. 'In any analysis if the analyst remained forever the good father to the patient, for instance, he might have good therapeutic results, but actually the analysis would have failed.' Insight is not merely interpretation repeated verbally by the patient but to be effective must produce some structural modification to be integrated within the mental apparatus of the patient.

GABRIEL DE LA VEGA



## NOTES

The TWENTY-THIRD INTERNATIONAL PSYCHOANALYTIC CONGRESS will be held in Stockholm, under the auspices of the Swedish Psychoanalytic Society, from Sunday, July 28 through Thursday, August 1, 1963.

All inquiries with regard to the administration of the Congress should be addressed to L. Börje Löfgren, M.D., Chairman, Congress Organizing Committee, Naravavägen 25, Stockholm O, Sweden. Those wishing to present scientific papers should get in touch with the Chairman of the Program Committee, David Beres, M.D., 151 Central Park West, New York 23, New York.

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The Mid-Winter Meeting of the AMERICAN PSYCHOANALYTIC ASSOCIATION will be held at the Hotel Commodore, New York City, December 7 through December 9, 1962.

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### MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

March 27, 1962. AN ANALYTIC INQUIRY INTO THE LIFE AND WORK OF HEINRICH SCHLIEMANN (1882-1890). William G. Niederland, M.D.

Heinrich Schliemann, the nineteenth century explorer who discovered the ancient site of Troy and other prehistoric sites, is considered the founder of modern archæology. This study is based on the standard biographies, data from Schliemann's books and family, and an autobiographical fragment and several dreams brought to light as a result of the author's research. Born in Germany in 1822, Heinrich Schliemann was the fifth child of a Protestant minister and his wife, Sophy. When he was nine years old his mother died after childbirth, his father lost his position in the church for embezzling funds, and Heinrich and his six siblings were scattered among relatives. The previously unknown autobiographical fragment is that the father was condemned as a dissolute, licentious man who maltreated his wife and eventually caused her death.

Three significant childhood sequences are emphasized. 1. Schliemann grew up next to a cemetery so that questions of birth and death took on an infantile character for him; an older brother, Heinrich, aged eight, died a few days before Schliemann's birth and he was named for the dead brother. (Throughout his life, Schliemann apparently had to prove that he was the living person outside the grave, not the dead brother inside the grave.) 2. Between the ages of five and nine, with a young girl his own age, he explored the cemetery and grave markers, and a nearby castle; these experiences he later acted out in detail in his world travels. 3. At the age of eight his father gave him Jener's Universal History for Children, which contained an engraving of 'Troy in flames . . .', and to this book Schliemann attributed his interest in Troy and his belief in its existence. The book, whose existence has been questioned, was found by Dr. Niederland.

At nineteen Schliemann was involved in a shipwreck experience which was accompanied by an oedipal dream. After this he rose rapidly in the financial world and became a multimillionaire in his early forties. Quite suddenly he turned to the study of archaeology and the 'battlefield of Troy'.

This paper emphasizes the persistence of the family romance, the sensitivity to stimulation, and the repetition of attempts to restore the lost object—prerequisites of the creative personality. Other factors are the failure to relinquish the incestuous object and the associated oedipal guilt, and eventually a substitution of cosmic entities (earth) and prehistoric concepts (Troy, Mother Goddess) for parental images. The sublimation of strong aggressive and probably necrophilic impulses was successful only to the degree that Schliemann's work remained partially cathected with infantile sexuality and aggression. In accord with Kurt Eissler's impression of Leonardo da Vinci, Dr. Niederland suggests that 'psychopathology is indispensable to the highest achievements of certain kinds'. In conclusion, he quotes Ernst Kris: '. . . the artist has created a world, and not indulged in a daydream'. This particularly applies to Schliemann who opened up a new world for exploration by the historians and geographers.

DISCUSSION: Dr. Niederland was complimented on his thought-provoking, fascinating, and carefully documented study. Dr. K. R. Eissler compared the study to his research on Goethe and Leonardo da Vinci. He felt Schliemann was an extremely talented man, possibly a 'near genius', and emphasized that some problems of creativity may be seen with even more clarity in the near genius than in the genius.

Dr. Maurice Friend stated that Dr. Niederland's discovery and understanding of the death of the eight-year-old brother was a major addition to our understanding of Schliemann's life and psychopathology. He also felt that the material attests to a persistence of the family romance enacted by means of the 'collective alternates'. He questioned the existence of a depression at nine years, and felt rather that it was predominantly a loss reaction and an effort to reconstitute the lost mother. Dr. Friend related the traveling mania to the infantile desire to defy the father and escape with the mother to a distant land where the father could not disturb them.

Dr. Sidney Tarachow pointed out that most reported necrophiliacs and lust murderers are interested in women's bodies, with the goals of love and identification with the mother imago. Schliemann had the additional problem of enforced identification with his dead brother, and was impelled to prove that the dead were not only alive but indestructible, having a continuing identity. In this connection Dr. Tarachow discussed Marie Bonaparte's differentiation between the lust murderer and the necrophiliac: the former identifies with the sadistic father in the sexual act which he now acts out himself, while the latter allows another to kill the mother first and takes second place (after the father). Schliemann seems to belong to the latter, more passive group.

Dr. Elisabeth Geleerd felt the paper was an important contribution to applied psychoanalysis, as well as a service to the sciences of archaeology and history. Schliemann was the first man to take legends seriously and subject them to



scientific investigation, demonstrating that famous myths and legends often have their roots in history. As Jones has pointed out, the genius retains a certain childlike quality and a heightened perceptiveness; this process, often seen in adolescence, is retained by gifted persons throughout life. Schliemann's deep but ambivalent love for his father, who initiated him into an interest in fairy tales, the Homeric stories, and foreign languages, may have contributed to his persistent need to search for the truth. Dr. Geleerd also suggested that multidisciplinary studies (in conjunction with psychoanalytic investigation) may be necessary to reveal the origin and vicissitudes of creative talent.

Dr. Marcel Heiman discussed a similarity between Schliemann and Vincent van Gogh. Schliemann spent his life fleeing from the fate imposed by identification with his dead brother. Van Gogh was born one week before the death of a one-year-old brother, also named Vincent, and he himself died shortly after the birth of another Vincent (his nephew). Dr. Joseph Krimsley noted Jones's observation on the naïveté and credulousness of the genius. Schliemann exhibited these traits in his lifelong belief in the Homeric story. As a child, while digging in the sand, he persisted in saying he would 'find the towers of Troy'.

In closing, Dr. Niederland agreed with Dr. Eissler's uncertainty about Schliemann's exact category, but definitely felt his achievements were those at least of a 'near genius'. Dr. Friend's comments about the traveling mania are borne out by other details in Schliemann's life history. Dr. Niederland agreed with Dr. Tarachow that necrophilic elements were important in the formation of Schliemann's character. Dr. Geleerd's emphasis on anniversary dates and reactions was noted and the author commented on a similar important anniversary date in the Schreber case history.

BERNARD D. FINE

April 10, 1962. THE DREAM PROCESS. Bernard L. Pacella, M.D.

The author explores the function of the dream process as differentiated from dream content, and proposes a theory which represents a fusion of the views of Freud and Jekels. On the basis of analysis of dream content, Freud deduced that the primary function of the dream process was that of the guardian of sleep. Jekels believed that its waking function was more important. In Pacella's view, dreaming serves a defensive and homeostatic function at both poles of the sleep-wakefulness cycle. This biphasic function may be called into play by homeostatic mechanisms, which antedate the role played by the pleasure-pain principle.

The concept of homeostasis is correlated with experimental observations of the nature of the sleep curve to show that dreaming is an integral function of the homeostatic mechanisms implicit in the sleep-wakefulness cycle. Kleitman and others have shown that a representative night's sleep consists of a succession of EEG variations, indicating shifts in the depth of sleep. Four basic EEG stages are described as the subject passes from wakefulness to sleep: stage 1 is lightest sleep, stage 4 is deepest sleep, and stages 2 and 3 are of intermediate depth. Objective indicators of dream activity appear in the EEG as clusters or bursts of

electrical activity, which can also be correlated with the occurrence of rapid eye movements during sleep. Dreaming was found to occur only in emergent stage 1 EEG, as it ascends from stage 2 EEG toward the end of each sleep cycle through the night, but there was no dreaming in the initial stage 1 EEG descending from full wakefulness EEG. Pacella agrees with Kleitman that dreaming is apparently a primary physiological process having to do with a drive energy which must be discharged or bound down in the service of the constancy principle and the psychic economy. But he does not believe that dream content is a secondary application. Although dream process should be differentiated from dream content, they both represent a continuum in psychic functioning.

The experimental evidence seems to support the view that dreaming has a biphasic function. That it serves as a preparation for wakefulness is indicated by the fact that dreaming occurs only in the lightest phase of sleep, which is generally true in the last hours before waking. It does not occur in the original stage 1 EEG descending from waking EEG. While it does occur in emergent stage 1 EEG ascending from stage 2 EEG, this stage in the first cycle of the sleep phase is short in comparison with subsequent sleep cycles, indicating that there is relatively little need for adequate preparation for wakefulness at this stage. The function of the dream as the guardian of sleep is indicated by the fact that the EEG phase of dreaming in normal sleep represents the lightest sleep phase, following which the sleeper again shifts into deeper sleep. Thus with the exception of the last sleep cycle before waking, dreaming signals preparedness for the descent into the lower levels of mental activity. Although the dual role of dreaming may be operative at all times simultaneously, its function as the guardian of sleep would be more operative during the first half of the night, while its role in preparation for wakefulness would be more operative in the last.

Normally, the longest period of dreaming occurs in the last sleep cycle, which may indicate both a preparation for wakefulness and a slowing down of the waking process, so that anxiety does not result. Anxiety dreams usually occur in the first third or half of the sleep phase, and the manifest content usually includes figures associated with superstition and death. Lewin and Jekels have both emphasized the connection between going to sleep and dying, and the anxiety dream may therefore occur under certain conditions to prevent a return to sleep by introducing a recathexis of body ego and motility, and to propel the dreamer into wakefulness and avoidance of psychological death. In an attempt to explain the post-traumatic anxiety dream, Freud introduced the concept of the repetition compulsion, and the anxiety dream was viewed as an attempt to contain the panic resulting from the lack of preparedness at the time of the original trauma. Isakower felt that in such instances where the rapid swing from deep sleep to wakefulness reflects the passivity and helplessness of the ego, the perceptual ego is advancing more rapidly toward awareness than the body ego, with the result that adequate motor and effector response is not possible. The anxiety then experienced in the dream mobilizes motor responses, facilitating a more rapid advance of the body ego toward full waking performance commensurate with the performance of the perceptual ego. In the Isakower phenomena it also may be that the rapid return of the perceptual ego toward awareness causes a displacement of cathexis to the mouth, since imagery occurs only on the way up to light



sleep. There is not only the attempt to prevent psychological death by enforcing a return of cathexis to the body ego through the pressure of anxiety but, prior to this, an attempt to relieve the anxiety and maintain sleep by hallucinating the regressed body image, the mouth, and even the maternal love object.

Jekels believes that the beginning of dream formation during the waking process coincides with the period of the reconstruction of the ego which prepares for awakening. It has been inferred that a cognitive ego function exists, which never vanishes during sleep and which operates in two directions: in intrapersonal communication and in interpersonal relations with the outer world. Gradual awakening begins with the reconstruction of the intrapersonal communication and is identical with the inner cognitive function. Jekels points out that the waking process ordinarily is one of slow and cautious progress, avoiding precipitate developments in order to serve the purpose of preventing a possible traumatic effect from the intrapsychic perception of the danger threatening the collapsed body ego. Though Jekels feels that the dream provokes the awakening, it may be more accurate to say that the shift toward wakefulness provokes the dream.

Freud refers to the manifest content of dreams as being derived from above in awakening and from below in falling asleep, since the perceptual ego has its face oriented externally on awakening and internally on falling asleep. This seems to accord with the appearance of nightmares and anxiety dreams predominantly during the early phase of the sleep cycle. The change in the manifest content of a single long dream, or when multiple dreams occur in sequence as the subject wakes up, illustrates the vicissitude in the orientation of the perceptual ego. Pacella offers material from patients in analysis where the shift in manifest content illustrates this point. Also, patients who wake from a dream in the darkness of night do not as frequently report a dream in which the day residues or the manifest content establish a contact with external reality.

DISCUSSION: Dr. Edith Jacobson pointed out that it might be misleading to suggest such a marked dichotomy between the dream process and the dream content. This may lead us to regard the former from a physiological and the latter from a psychological point of view, in terms of our drive theory. She felt that the clinical examples cited illustrate how much the dream content is influenced by the changing function of dreaming in the service of the principles of homeostasis. Of interest are the neurophysiological observations of body movements during sleep, and the conclusions drawn by Pacella that imagery seems to be a substitute for motor action. Dr. Jacobson was reminded of some assumptions she had made regarding the psychoeconomic state of the sleeping or dozing infant, and of her thesis that in the sleeping infant there is a predominantly continuous internal discharge of psychic energy, which may occur partly through psychosomatic channels and partly through tactile, olfactory, gustatory, and kinesthetic hallucinations, and that this type of discharge is relinquished to the extent to which patterns of pleasurable motor discharge to the outside develop.

Dr. Mortimer Ostow felt that it was likely that the primary function of the dream is related to the function of sleep. He compared the cyclicity of the sleep-dream-sleep sequence to that of the sleep-feeding-sleep sequence of the neonate,

and suggested that in the process of maturation, dreaming acquires the power to link periods of sleep which, in the infant, required intervals of feeding. The power of the dream to replace feeding is lost in melancholia; here the patient awakens after one or more periods of sleep and either eats or vomits. Dr. Ostow concluded that the psychic process of dreaming accompanies physiologic and biochemical changes which have the effect of fueling the restorative and re-energizing functions of sleep.

Dr. Rudolph Loewenstein pointed out the importance of the role of the superego in the insomnia associated with melancholia. He cited a dream in which the dreamer was a poor young man whose relationships with his family had been ruptured, and who was involved in an unhappy love affair. This patient had just received a letter in which he was informed that his father was seriously ill or had died; when he reported the dream he had forgotten whether it was the father's last illness or actual death which had been the subject of the letter. He then fell asleep, having neglected to turn off the gas in his room. He dreamed of a gay, relaxed picnic in the woods where a young, attractive girl told him she was thirsty. He went to get water for her, and was threatened by a dangerous man. He went running through the woods, and then heard the voice of God or a prophet saying, 'Don't run, fool, stop'. At this point, he awoke, became aware of the escaping gas, and thus was able to save his life. This illustrates both the dream's function as a guardian of sleep, and as a preparation for awakening. The dreamer first evaded the perception of the gas and tried to run away; then the voice interrupted and he awoke. Dr. Loewenstein mentioned that Dr. Geleerd had pointed out that several sensory modalities were represented in the dream, but that the sense of smell was absent. The last scene of the dream may be subsumed under the heading of preparation for awakening. Or does the awakening establish the cathexis for the dream, in which case one might speculate as to why the stimulus created the dream instead of simply causing the dreamer to awaken?

Dr. Charles Fisher warned against premature utilization of results of studies of the sleep-dream cycle as continued research may change some findings. Some workers feel that stage 1 sleep may be different qualitatively from other stages of sleep, having its own neurophysiological mechanisms, mediated by nuclei in the pons, which are associated with centers for drive discharge in the limbic system and hypothalamus. Stage 1 sleep may be as deep as that of other stages, but it is an activated state, and therefore lighter from this point of view. Body movements are present during dreaming, and not absent, and can be correlated with the dream content and the affective expression in the dream. He also wished to correct a misconception: he had never said that dreaming was independent of sleep. With respect to statements about the quantitative need to dream, it can be shown that there is a constant amount of dreaming in various age groups, with little fluctuation from night to night.

In closing the discussion, Dr. Pacella clarified his position about the meaning of the dream process by stating that he did not consider it a mechanism *per se*, but rather a process in the service of homeostatic mechanisms. The dream process is under the domination of the repetition-compulsion concept, while the dream content is under the domination of the pleasure-pain principle.

MILTON JUCOVY



## MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

March 19, 1962. DEFINITIONS OF PSYCHOTHERAPY. Sidney Tarachow, M.D.

Both analyst and patient must set aside their need for each other as real objects so that analysis may take place. This central idea is discussed by Dr. Tarachow and placed within a larger framework which might serve as an overall conceptualization of psychotherapeutic techniques as well as a concept of psychoanalysis. The patient's neurosis, as well as the normal ego structure, is a barrier which he has erected against the expression of his infantile urges. Keeping in mind that the symptoms and compromises are ego-syntonic, we see the purpose of therapy as the removal of those barriers which impair functioning and happiness and cause mental pain. In deciding what form of treatment to offer the patient we must assess the nature of his defenses, the strength of his ego, his tolerance to insight, and his current reality situation. The transference is also a factor in deciding whether the patient can tolerate psychoanalysis or psychotherapy.

Dr. Tarachow defines the treatment choice in explicit terms. Psychoanalysis is that treatment in which the transference, repression, ego defenses, and resistances are all freely subjected to analysis and resolved as far as may be required by dealing with the infantile intrapsychic conflict and the derivative symptoms. Psychotherapy is a selective, limited treatment in which a rearrangement rather than a resolution of these elements is the goal. All forms of psychotherapy should be conceptualized in psychoanalytic terms.

The author offers three principles of psychotherapy within which all psychotherapeutic techniques should be comprehensible. 1. Supply the infantile object in reality, i.e., the unanalyzed transference. 2. Supply displacements, i.e., new symptoms and/or resistances. 3. Supply stability, i.e., ego or superego building, education, or real events. In analysis the analyst rejects the patient and teaches the patient to reject him; problems are resolved by interpretation. In psychotherapy the doctor and patient retain each other as real objects and varying degrees of the patient's life remain unanalyzed. In analysis we emphasize the analysis of transference as resistance. In psychotherapy we aim to maintain the transference as a support for the patient's psychic functioning. What is resistance in analysis is therapeutic in psychotherapy.

Both patient and doctor face the problem of object need and strive to solve this problem by regarding each other as real. This real relationship is converted into a therapeutic situation when the doctor imposes a barrier to reality. The therapeutic barrier is created by the act of interpretation which brings about an 'as-if' situation. Reality is defined as the uninterpreted relationship. In psychoanalysis nothing is regarded as real and everything is subjected to the scrutiny of both parties. The need of analyst and patient for each other as object is neither transference nor countertransference. Rather, the object need must be overcome to create the climate for transference. Both therapist and patient are constantly struggling against the desire to break the therapeutic barrier; they are urged on by the temptations of object relationship, identification, and, ultimately, fusion.

Analysis and, to a lesser extent, psychotherapy involve real disappointments brought about by interpretation—in essence, deprivation. The patient is urged to develop real feelings for the analyst and is then disappointed by interpretation; in psychotherapy this disappointment is not so overwhelming. Another paradox is that we want the patient and doctor to think together and yet maintain the therapeutic barrier. The therapist solves this paradox by insisting upon a continuous 'as-if' relationship which requires that both he and the patient exercise a splitting of the ego. The split-off part of the ego observes and thinks about what is experienced in the 'as-if' relationship. The theory of supplying a displacement is based on Glover's concept of the 'inexact interpretation'. The incomplete interpretation is a correct step on the road to the truth; the inexact interpretation gives the patient a meaning which, according to the analyst, falls short of the unconscious truth. The complete truth would be intolerable to the patient who adopts the inexact meaning because it helps him to repress the truth and form a new symptom: displacement.

The supplying of stability by ego or superego support is next discussed. Ego support can be given by reality discussions of real events and participation in decisions, such as in education and information which enlarge the powers of the ego and so strengthen it. Superego support can be given by commands, prohibitions, and expressions of morals and moral values. Changes in the environment can also contribute to stability.

DISCUSSION: Dr. Louis Kaywin questioned in what category Dr. Tarachow placed psychoanalytically-oriented psychotherapy. Did he omit it or place it with psychoanalysis? Presuming that Dr. Tarachow distinguishes between transference neurosis and transference derivatives, we can say that: 1, psychoanalysis functions and works by way of the transference neurosis; 2, psychoanalytically-oriented psychotherapy recognizes the transference neurosis but works only with transference derivatives; 3, other psychotherapies may use various approaches including watered-down analytic principles. Dr. Kaywin felt that Dr. Tarachow's use of the words 'real' and 'reality' posed a problem. What has to be distinguished relative to an object being real is what degree of objective elements (i.e., perceptions) are distorted by subjective elements. Dr. Kaywin agreed that we should not take a patient's manifest communications totally at face value. The problem of 'reality' also enters into Dr. Tarachow's first principle: 'To supply an infantile object in reality'. If this means that in every relationship we are seeking an infantile object, Dr. Kaywin feels that it may be a determinant, and that we also must consider other dimensions such as the development of secondary, relatively autonomous states with their own levels of needs, ego interests, and object relationships. He mentioned Hartmann's concept of a relative autonomy from the drives and Rapaport's idea that we achieve a relative autonomy from the environment, and felt that both of these concepts emphasize the ability to function relatively without objects, infantile or not. In relation to Dr. Tarachow's second principle: 'To supply and permit displacements', Dr. Kaywin wondered if this implied that every resultant of displacement must be considered to be merely of a substitutive nature with little economic and integrative advance. Dr. Kaywin emphasized the need to take a more equidistant



stance between depth psychology and the more structured functioning of the ego and the self.

Dr. Ludwig Eidelberg asked if the positive transference is not the major cause of success in psychotherapy. He thought it would be easier to assess Dr. Tarachow's theses if some concrete examples of the differences between psychoanalysis and psychotherapy had been given; for example, dream analysis or the handling of the negative transference.

Dr. Nathaniel Ross stressed the need to define psychotherapy. He felt that this would enable us to apply it with more precision and to know when we are employing 'parameters' in psychotherapy, just as we do in psychoanalysis itself.

Dr. Max Schur pointed out that in educational psychotherapy we deal not only with displacement but we can also change the ability of the ego to deal with life situations. For example, a latency child with reading disability is in a shaky position, and successful remedial reading, in a therapeutic setting, may free his ego of some conflicts and help its autonomy. This, in turn, can result in more normal development.

In summary, Dr. Tarachow said that he had considered an entire spectrum, with psychoanalysis at one end and nonanalytic therapies at the other. In psychotherapy we can deal with the transference, dreams, and so on, but only as the judgment of the therapist deems it necessary or desirable. The therapist's attitude depends on what he wishes to accomplish and what he thinks the patient can stand. A real relationship and an 'as-if' relationship, and the distinction between the two, are the most difficult subjects to understand. Reality is defined as the uninterpreted relationship, and transference neurosis develops in relation to the amount of deprivation imposed by interpretation. We cannot survive without objects; even in the most correctly run analysis there is a degree of necessary object relationship.

JULIAN KASSEN

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The EDMUND BERGLER PSYCHIATRIC FOUNDATION announces that a prize of one thousand dollars will be awarded for the best psychoanalytic article or book published during the year September 1, 1962 to August 31, 1963, and annually thereafter, dealing with the problem of psychic masochism as developed by the late Edmund Bergler, M.D. Further information may be obtained from Mortimer Schwartz, Counselor, 70 Pine Street, New York 5, N. Y.

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The Twentieth Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY will be held at the Chalfonte-Haddon Hall, Atlantic City, April 27 and 28, 1963. The Program Committee invites those interested to submit abstracts of original work for consideration for presentation. Accepted abstracts will be printed and circulated prior to the meeting and will be available during the meeting. Abstracts should be submitted in ten copies by December 1, 1962, to Julius B. Richmond, M.D., Chairman, 265 Nassau Road, Roosevelt, New York.

A two-year program of research training in psychiatry, leading to the degree of Doctor of Medical Science, is offered by the Graduate Educational Program of the STATE UNIVERSITY OF NEW YORK, DOWNSTATE MEDICAL CENTER. The program is open to medical doctors who have completed three years of residency training in psychiatry, and candidates who have completed two years of residency. Application forms or additional information may be obtained by writing to: Office of Admissions, Downstate Medical Center, 430 Clarkson Avenue, Brooklyn 3, New York.

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A professional training program, jointly operated by the JEWISH BOARD OF GUARDIANS and MONTEFIORE HOSPITAL, designed to help relieve the shortage of child psychiatrists, has been awarded a \$30,000 grant by the New York State Department of Mental Hygiene. The program will be conducted in connection with the Child Psychiatry Clinic of Montefiore Hospital which is a coöperative endeavor of the hospital and the Jewish Board of Guardians. For further information address, Donald J. Merwin, Jewish Board of Guardians, 120 West 57th Street, New York 19, N. Y.

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The New York School of Social Work, Columbia University, has announced the appointment of Dr. George H. Wiedeman to the MARION E. KENWORTHY CHAIR IN PSYCHIATRY. Dr. Wiedeman, a graduate of the New York Psychoanalytic Institute, has been on the staff of the New York Psychoanalytic Institute's Treatment Center, has served as consultant to the Community Service Society, and has been a lecturer at the New York School of Social Work. He will teach courses in human personality growth, development, and deviation, will coördinate the psychiatric teaching at the school, and will serve as psychiatric consultant to the students.



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